AMERICAN

JOURNAL OF INSANITY.

VOL. XLIII. OCTOBER, 1886. No. II.

UTICA, N. Y.

STATE LUNATIC ASYLUM.

JOHN WILEY & SON, Astor Place, New York

Ellis H. Roberts & Co., Printers, 60 Genesee Street, Utica.

[Entered at the Post Office at Utica, and admitted for transmission through the Mails at second class rates.]

GEORGE C. CATLETT, M. D.

It is with great regret that we announce the death of Dr. George C. Catlett, Superintendent State Lunatic Asylum No. 2, at St. Joseph, Mo., Wednesday, May 19, 1886. Details will be published in our next issue.

DR. LEGRAND DU SAULLE.

This Nestor of French psychiatry died in Paris last May. A sketch of his eventful life will appear in our next issue.

AMERICAN
JOURNAL OF INSANITY,
FOR OCTOBER, 1886.

PROCEEDINGS OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

The Fortieth Annual Meeting of the Association was called to order at ten o'clock A. M. Tuesday, May 18th, 1886, at the Phœnix Hotel, Lexington, Kentucky, by the President, Dr. Orpheus Everts.

The Secretary, Dr. Curwen, being absent, the minutes of the last annual meeting were read by Dr. S. S. Schultz.

The following members were present during the sessions:

H. E. Allison, M. D., Assistant Physician, Willard Asylum, Willard, N. Y.

W. J. Bland, M. D., Hospital for the Insane, Weston, W. Va.

Edward C. Booth, M. D., Medical Director, Asylum for the Insane, Morris Plains, N. J.

John R. Brown, M. D., Assistant Physician, Indiana Hospital for the Insane, Indianapolis, Ind.

P. Bryce, M. D., Hospital for the Insane, Tuskaloosa, Ala.

J. H. Callender, M. D., Hospital for the Insane, Nashville, Tenn.

Micheal Campbell, M. D., East Tennessee Hospital for the Insane, Knoxville, Tenn.

H. F. Carriel, M. D., Hospital for the Insane, Jacksonville, Illinois.

R. C. Chenault, M. D., Eastern Lunatic Asylum, Lexington, Kentucky.

Frank H. Clark, M. D., Assistant Physician, Central Kentucky Lunatic Asylum, Anchorage, Ky.

G. F. Cook, M. D., Oxford Retreat, Oxford, Ohio.

A. N. Denton, M. D., Hospital for the Insane, Austin, Tex.

Orpheus Everts, M. D., Sanitarium, Cincinnati, Ohio.

C. M. Finch, M. D., Asylum for the Insane, Columbus, Ohio.

Theodore W. Fisher, M. D., Lunatic Hospital, Boston, Mass.

W. D. Granger, M. D., Assistant Physician, Buffalo State Asylum, Buffalo, N. Y.

Eugene Grissom, M. D., Insane Asylum, Raleigh, N. C.

G. H. Hill, M. D., Hospital for the Insane, Independence, Iowa.

H. M. Hurd, M. D., Eastern Michigan Asylum, Pontiac, Mich.

O. R. Long, M. D., Michigan Asylum for the Insane Criminals, Ionia, Mich.

Andrew McFarland, M. D., Oak Lawn Retreat, Jacksonville, Ill.

C. A. Miller, M. D., Longview Asylum, Carthage, Ohio.

J. D. Munson, M. D., Northern Michigan Asylum, Traverse City, Mich.

G. C. Palmer, M. D., Asylum for the Insane, Kalamazoo, Mich.

John G. Park, M. D., Lunatic Hospital, Worcester, Mass.

T. O. Powell, M. D., Asylum for the Insane, Milledgeville, Ga.

Foster Pratt, M. D., Kalamazoo, Mich.

H. K. Pusey, M. D., Central Lunatic Asylum, Anchorage, Ky.

Hosea M. Quinby, M. D., Asylum for the Chronic Insane, Worcester, Mass.

A. B. Richardson, M. D., Asylum for the Insane, Athens, Ohio.

W. R. Rodes, M. D., Lunatic Asylum No. 1, Fulton, Mo.

James Rodman, M. D., Western Lunatic Asylum, Hopkinsville, Ky.

S. S. Schultz, M. D., State Hospital for the Insane, Danville, Penna.

Henry P. Stearns, M. D., Hartford Retreat, Hartford, Conn.

B. W. Stone, M. D., Assistant Physician, Hopkinsville, Ky.

Geo. T. Tuttle, M. D., Assistant Physician, McLean Asylum, Somerville, Mass.

J. M. Wallace, M. D., Asylum for the Insane, Hamilton, Ont.

F. S. White, M. D., Assistant Physician, Terrell, Texas.

E. T. Wilkins, M. D., Asylum for the Insane, Napa, Cal.

Dr. Grissom moved that the physicians of Lexington and vicinity be invited to take seats with the Association, and that the representatives of the press of the city be invited to avail themselves of the privileges of the various meetings.

Carried.

Dr. Chenault introduced to the Association Col. W. T. LaRue Thomas, President of the Board of Commissioners of the Eastern Kentucky Lunatic Asylum.

Letters were received from Dr. John Curwen, Dr. Pliny Earle, Dr. W. W. Godding and Dr. H. A. Buttolph, expressing their regret at being unable to attend this meeting.

The President announced the following committees:

On Nominations: Drs. Palmer, Callender, Bland.

On Time and Place of Next Meeting: Drs. Chenault, Carriel and Fisher.

On Accounts: Drs. Bryce, Denton and Campbell.

On Resolutions: Drs. Wilkins, Powell and Stearns.

On motion of Dr. Grissom a recess of fifteen minutes was taken to enable the members of the Association present to register.

After the recess, Colonel Thomas, President of the Board of Commissioners of the Eastern Kentucky Asylum, said:

I wish in behalf of the Commissioners of the Eastern Kentucky Lunatic Asylum, to extend an invitation to the members of this Association, to a reception to be given in this building this afternoon, from three to six o'clock, and also to an old-fashioned Kentucky burgoo and barbecue upon the grounds of the Asylum Thursday afternoon next, at two o'clock.

The President referred this invitation to the Committee on Arrangements appointed at the last meeting.

Dr. Palmer requested further time to prepare his report as chairman of the Committee on Nominations, which was granted.

Dr. Everts then read his address as president of the Association: "Common Errors, Theoretical and Practical, Relating to Insanity."

Dr. CALLENDER. I do not rise to comment upon or discuss the very able paper to which we have just listened, but I think I

voice the sentiment of the Association in the motion I will now make: That it be requested for publication; and I request the Secretary to put the motion.

Dr. Callender's motion was carried.

Dr. EVERTS. I would mention the fact in this connection that I have five or six pages of comments that are necessary to go with the paper when published. In order to bring the paper within the limitation of proper time I have made brief statements instead of reading them in full.

On motion of Dr. Denton, the Association adjourned to 2.30 P. M.

The Association was called to order at 2.30 P. M., by the President, Dr. Everts.

Dr. CHENAULT. Mr. President—As one of the Committee of Arrangements I wish to call the attention of the Association to the fact that we have arranged to visit the Eastern Kentucky Asylum Thursday morning at 9 o'clock, have an adjourned session of the Association in our chapel, and in the afternoon the gentlemen will be ready for our entertainment. In regard to visiting Ashland, I have had a communication from Major McDowell upon the subject. I think we might go out to-morrow evening about four o'clock. An arrangement can be made, if desired by the Association, to make an excursion to High Bridge. We can get an engine and two cars for seventy-five dollars. But the Association can determine that some time before Friday, although the gentleman having the matter in charge would like to know as early as possible what action the Association will take. It is about three hours' ride from here to High Bridge and return. Many members have seen it; if individual members desire to go there we can arrange it so that it will cost them nothing. I would like those who have never seen High Bridge to take the trip there.

Dr. RODMAN. I think we had better postpone action upon the matter until this evening, when the committee can meet together and consult with individual members of the Association. I move that the report of the committee be passed over for the present, to afford us this opportunity of ascertaining the views of individual members.

Dr. Rodman's motion was adopted.

Dr. Henry M. Hurd then read a paper on "The Data of Recovery from Insanity."

Dr. WILKINS. Mr. President: While I am one of the old men of the Association, I am one of the young superintendents. In fact, this is only the second meeting that I have attended, and it is the first one since I became a member of the Association. I regret to say that my confidence in the restoration of insanity has very greatly diminished with the experience I have had during the past ten years, and hence if any of the superintendents present have read my reports they have probably seen that the most of my discharges have been as improved, rather than recovered. I find that recoveries are much less likely to occur than I once believed, and am therefore much more guarded in calling a patient restored than I was formerly. I do not believe that more than twenty-five of every hundred get well, although I believe, Mr. President, that you have stated it as high as forty per cent. Such may be the experience of other superintendents, but mine has been as I stated. The longer I am in the care and treatment of the insane, the less confidence I have in perfect recoveries. Like the gentleman who has just been reading, I think it is very difficult to determine exactly when a person has recovered. This arises from the difficulty, in some cases, of comparing the patient with himself as he was in his normal condition. He may appear well to the superintendent, be free from delusions, hallucinations and other evidences of mental trouble, but there is something in his manner which, though not exactly belonging to him in his normal condition, is apparent only to his intimate acquaintances and relatives. We discharge him as recovered, and perhaps in a few months or a few years he is back to us again in a second attack. I have no additional light to shed upon the subject, but merely wished to thank the Doctor for his able paper.

Dr. STEARNS. Mr. President—I do not like to have this interesting subject go by without fuller discussion. I have been very much interested in Dr. Hurd's paper, and I may say I have been a good deal interested generally in this subject of recoveries. I am inclined to think that we have in insanity no special standard of what is to constitute a recovery any more than we have in other forms of disease. I have been inclined to think that if any organ of the system passes through what we consider a form of systemic disease—for instance, if the lungs have been affected with pneumonia—it is quite doubtful whether they are ever

afterwards in as perfect a condition as they were before they passed through that course of inflammation. If an individual passes through a peritonitis or an enteritis, it is questionable whether the organs affected are ever restored to the perfect condition they were in before the attack, and in no degree more liable to subsequent disease. So if we regard insanity as a disease of the grey matter of the brain, or of that portion of it that is comprised in blood-vessels and cells, and connective tissue, and if there is actual structural change that causes the insanity, I do not know that we have ever a right to suppose that those cells or the minute blood-vessels are restored to absolutely as perfect a condition as they were in before they were affected. I am inclined to think that almost any organ which has passed through a systemic form of disease is more likely afterwards—perhaps always, under exciting causes—to be again affected than it was originally. And yet granting this is so, shall we say that the person never recovers from pneumonia or from typhoid fever? Shall we say that he never recovers from insanity because he is more likely to have another attack of it from exciting causes than he was before? I do not believe that this is a proper basis on which to form a standard of recovery. It seems to me that we have a right to assume that the man recovers from insanity as we do that he recovers from bronchitis or from pneumonia, if the functions of that portion of the system which has been affected are performed as they were accustomed to be performed, so far as we can judge, and so far as the friends can judge, before the attack. The mere fact that he may have another attack of insanity after one, or two, or five years, it seems to me ought not to debar us from reporting that he has recovered. Let it be understood that what we mean by recovery is that the patient is restored to a condition of living with his friends, and to being able to perform his or her accustomed duties. I think Dr. Hurd's paper fairly and justly describes what we may call a recovery without being too particular, and saying that the patient should be so well that he would not have another attack of insanity in two, or five years, or any other time. There is another point to which Dr. Hurd's paper relates. I do not know whether I understood him correctly or not in saying that he had had general paretics recover, or that he thought they might recover, after an epileptic or paretic seizure.

Dr. HURD. Yes, sir; I said there was one such case that had been under treatment.

Dr. STEARNS. My own experience in general paresis has been

such that I should hesitate exceedingly to think a man whose brain was so far affected as to have epileptoid or paretic seizures had fully recovered from the disease we call general paresis. I have never myself seen any recovery. In fact, I am accustomed to give an unfavorable prognosis in cases of general paresis where they have reached that stage of the disease. In cases where the other symptoms are equivocal, or some of the symptoms are, I always give an unfavorable prognosis, and have never known a case to get well; and I had supposed my experience was in accordance with that of other members of the Association. I am exceedingly interested in such a fact as that related by Dr. Hurd, and think it may lead us, if we could have a few more of them, to look more favorably, perhaps, on the issue of this form of disease. I believe the late Dr. Tyler used to hold the opinion that if cases of general paresis were to be seen sufficiently early—in the very beginning—there was reason to expect favorable results from treatment; but of course, as superintendents of asylums, we never see these cases early, or very rarely. I never see them until the disease has so far advanced that it is beyond a hope of favorable results.

Dr. HURD. Mr. President, may I say a word? The case of paresis which I had in mind, and which was referred to in my paper, was that of a man who came to the institution at Pontiac six or seven years ago. He was undoubtedly suffering from paresis, and showed the characteristic infirmities of gait, and the inequalities of the pupils commonly met with. He had extravagant delusions and a sense of "well-being." The course of the disease bade fair to be a rapid one downward. His wife visited the institution and received the usual unfavorable prognosis. He had one severe paretic seizure, and was confined to bed for a week thereafter. He one day burned his foot upon a steam radiator. The amount of the injury was not great, but he was placed in bed, as it seemed likely that his foot would be slow in healing. He afterwards had an attack of rheumatoid arthritis, which ran a tedious course. While he was lying in bed a slough developed upon the left heel. He was confined to his bed three or four months, and got up very slowly. He ran down markedly, and was much emaciated under the exhausting effect of the slough, which finally separated and left an excavation nearly as large as the whole heel. After a time he got up and we found that his mental condition was very much improved. His mind was weak, but steadily gained in vigor. We kept anticipating that he would sooner or later have another paretic seizure and go down rapidly,

but he got so much better that his wife decided to take him home upon trial, rather contrary to my advice, although he was free from delusions and seemed very comfortable. In spite of this, however, I had the opinion that he would probably never be able to maintain himself at home. He had formerly kept a large livery stable, and after his return home he formed the habit of going to the place he used to own to look about. The proprietor needing a foreman the patient was engaged, and during the past five years he has discharged the duties of foreman of that stable, has supported his family, has written pleasant letters to the institution, and has visited the institution on one or two occasions. He has not seemed to me in all respects a man of normal activity. He has, however, been free from irritability or excitement, and has been able to do his daily round of duties. The man for whom he works says he is accurate, and shows good judgment in matters connected with the stable, such as letting out horses, collecting moneys, etc., and adds that he seems in all respects as he was prior to his attack, except that he is a better-natured man and easier to get on with, which, according to my estimate of the case, indicates a degree of dementia. He was visited by one of my assistants two years ago, who found him substantially in the condition described. The other day I received a letter from the wife of another patient who is in an advanced state of dementia, saying that she had recently found this man so well, she was encouraged to hope that her husband would recover in as remarkable a manner. Has he not practically recovered? If he had suffered from any other form of mental disease—from mania or melancholia for example—and had remained away from the institution five years, had taken care of himself and had conducted business in the manner described, we would have classed him among recovered patients. This reminds me that two years ago, while in Washington, Dr. Godding spoke of a negro in the third stage of paresis whose mind had become hopelessly enfeebled in consequence of frequent paretic seizures. This man had the good fortune to catch small-pox in an exceedingly virulent form, and barely lived through it. For weeks and months it seemed as if he could not survive, but when he did recover from the small-pox he had apparently gotten over his paresis and remained well thereafter. Dr. Savage of the Bethlem hospital, in London, told me of a case of paresis in an accountant where the paresis had reached the stage of paretic seizures. The man had a number of seizures and his mind had become much weakened—

Dr. RODMAN. May I ask you to define what you call paretic seizures, Doctor?

Dr. HURD. The epileptoid seizure which comes in paresis. I do not think that it can with accuracy be called an epileptic seizure, because it possesses few of the appearances of a genuine epileptic seizure. I always prefer to use the word "paretic" because it indicates that the seizure occurs in the course of paresis. The accountant referred to, at this stage of the disease, had an immense carbuncle develop upon the back of the neck. He lay at death's door for many weeks, and finally recovered from his carbuncle and also from his paresis. At the time Dr. Savage spoke to me about the case, the patient had been at home attending to his business for a number of years, and was apparently a well man. Dr. Pieters, of the Asylum at Gheel, told me of two cases of paresis in the third stage of the disease—the stage of dementia following paretic seizures—where an apparent recovery had followed extensive carbuncles, in one case upon the head and in the other upon the back of the neck. In the case I first reported I believe that the efficient agent in the arrest of the paresis was the slough upon the heel. I am also of the opinion that if we knew where to make the slough and when, and how near we could go to death in such heroic treatment of our patients, we might secure some recoveries from paresis.

Dr. STEARNS. In these cases, then, the Doctor's and the others he mentions, there was what might be considered the development of another disease in connection with the paresis. I believe it is a rule that persons recover from some forms of disease through the development in the system of another disease, and doubtless the injury the Doctor's patient received acted in some measure or degree as the carbuncles did in the other cases. But what I referred to more particularly in my former remarks was recovery in the ordinary form of general paresis in consequence of remedial measures of treatment. I have under my own observation a case which had been pronounced one of general paresis, and the patient had had what the Doctor had improperly called a paretic seizure, and in consequence an unfavorable prognosis had been given in the case. He has passed into a condition of what appears to be chronic mania. He had had some of the mental symptoms of the general paretic, from some of which he recovered, and had what I have never noticed in any other of my cases, a remarkably good memory—as good as it ever was—and great quickness of psychical activity. He has passed from that con-

dition, as I said, into one of chronic mania. I have, however, supposed that the diagnosis in that case was wrong, and that the seizure—which I did not myself see—was not truly a paretic seizure.

Dr. McFarland. Mr. President—I am very sorry that the consideration of the paper has passed around with so little discussion, and, especially, discussion from some gentlemen that I should have been very glad to hear from. The paper of Dr. Hurd is, in my estimation, a very valuable one indeed. Not that it presents any very special new features, or new facts, but it is an admirable collation of the facts which we already possess upon this important subject—the proper period for the discharge of patients from treatment—when we can say that a convalescence is actually established. Now, I agree with Dr. Hurd; that a patient should have his moral sentiments restored—should have his affections in their right place, and should have due appreciation of those who have ministered to him during his illness before we can call him well. Unlike a gentleman who has spoken, I am both an old man and an old superintendent. If I had attended every meeting of this Association, this would be my fortieth presence, and I look back and notice a great change in our views of the curability of insanity, and think it important that we should get upon the right ground in this matter. I know we used to commit a great many errors in pronouncing patients recovered when we ought not to have done so; and I think it becomes every man's duty who lets a patient go from his door as recovered—although the recovery is a fair one, the patient apparently free from delusions, and all that—to be very cautious. My friend, Dr. Carriel, might tell of a case, under his notice very recently, where all of the patient's friends insisted that he was well and removed him, and some horrible homicides took place as an immediate consequence. My own views upon this subject have changed very much indeed, and instead of saying as we used to say, that 75 and 80 per cent of the insane recover, I believe we must come down very much below that figure. The longer I live, the more I see the tenacity of the hold of mental disease upon the constitution. But if I understand Dr. Hurd correctly, there is one point upon which I may disagree with him. There is a class of minds—found more frequently perhaps among the Irish, Germans and Swedes—a certain order of minds where we must not wait for recovery as we see it in men of good intellectual stamina. There is a certain point in these cases where if we discharge the patient

he will go on to recovery outside; if we keep him under treatment there is a going back after a time, and we have a permanent life-long case. I do not know that I can make myself understood in regard to the exact limit, but I have often had the experience of a runaway patient, or a person whose vocation has been changed, and found recovery to occur at that particular time. It is the time when the man is almost ready to let go of the disease, and yet the disease seems to hold on. It is found in this special lower class of intellects, and discharge of these patients at this time will sometimes work very happily; when in men of higher intellectual vigor it would not.

Dr. CARRIEL. I rise, Mr. President, because it is the fashion on our side of the house to say something, though I do not think I can say anything of particular interest to the Association. I wish, however, to express my appreciation of Dr. Hurd's paper, which interested me very much. While the Doctor was reading his paper a few cases came across my mind of recoveries after a long period of insanity. I have not had in my experience a great many of these cases, but a sufficient number to lead me to agree with Dr. Hurd in the belief that we may hope for recovery after the usual period of curability, as we ordinarily look upon it, has passed. I have in my mind one case—I presume Dr. McFarland will remember the name—a brother of a clergyman; a case of melancholia of six or eight years' duration. He was discharged as incurable by order of the trustees; he seemed to get along in the institution very well; was quiet, tidy and orderly, and his mental operations when you came to draw him out were reasonably active, but he was rather depressed; read considerably, was not inclined to converse much, and when his friends came to visit him he seemed particularly cast down; much worse at these times than ordinarily. He was finally discharged, as I have said, and went home. Upon coming to his house he met his wife, flew to her, embraced her, and cried out: "Is it possible that you are alive?" Now from that time, he appeared entirely rational. This was twelve or more years ago and since then I have heard from his brother a dozen times, and he and his friends have always reported the patient as well and doing business in his usual manner. A few years ago I had a patient who belonged in Illinois, but was taken to an institution in the east. The friends were persons of considerable means, and were somewhat of a proud spirit. He was taken east to travel about with the hope that he might improve, but he got worse, and was taken to an institution

in New York State, and remained there sixteen months. Then he came back to Illinois and remained at home just about a week. It was then found necessary to take measures to restrain him, as he was very depressed and suicidal. In Illinois the law requires that the friends of patients shall first make application for their admission, and in accordance with this they telegraphed asking me if I could receive a case of such and such duration—I think it was two years. I declined the case, but they had already started with the patient, and he was brought to the hospital. His father came with him, and our sympathies were so excited by his grief and sorrow we were induced thereby to change our decision, and we received the case. The patient was considerably debilitated and very melancholy, but after a while he began to improve in general health, and seemed more natural in his mental condition; was more cheerful, more talkative. He went on in this way, and in the course of about five months he made a good recovery. That man is in Minneapolis to-day, doing a large real estate business. He was a man of means then, and in the course of the four years he has been in Minneapolis, as I was told by a relative of his a day or two ago, had accumulated quite a fortune.

As to recovery from insanity generally it does seem to me that perhaps under Dr. Earle's repeated reminders we are coming to the idea that very few people do get well. Of course if you are to take all cases as they come to a hospital the percentage of recoveries is quite small; I think we discharged 25 per cent recovered in our last biennial period, that is, of all cases admitted; but if you take cases of insanity where the disease has not existed longer than three months, for instance, cases where there is no organic disease or no evidence of it, it does seem to me that 60 or 70 per cent is not an extravagant figure for recoveries.

Dr. Hill. I am disturbed a good deal in my mind by this question of recoveries, and by comparing the results of my own institution with those of others. Two weeks ago I was stirred up by the Governor of our State, who said that he had heard there were more recoveries in the county asylums of Wisconsin than in the State asylums there. I think that if all the persons in this room were furnished a list of patients discharged from a given institution no two would make out the same number of recoveries; it is even possible I think that one might make out four times more recoveries than another who held different views as to what a recovery really consists in. I am inclined to regard very few of my patients as recovered unless I can learn much of their history

subsequent to leaving the asylum. They might appear very well to me and they might remain at home the rest of their lives, but unless I could see them a few years afterwards, or unless some person who is competent to decide in regard to their mental condition had seen them, I would not feel sure that the mere fact that they were able to stay at home constituted an entire recovery, and that they were wholly in their right minds. I think this is the trouble in the State of Wisconsin; members of the State Board of Charities are inclined to announce the recovery of insane persons who have left the county asylums and returned to their relatives and remained with them; it is probably the way they determine whether the patient has recovered or not; and in contrast to that conclusion they have the prognosis of the superintendents of the two State institutions who sent these individuals from their institutions to the county asylums as incurable. On the other hand, however, I find that in our institution we send out very many as improved by treatment, and the most of those who go out unimproved were usually demented when they came to the institution. The younger superintendents like myself, I suppose, want to know whether we are doing good work or not; so we compare our tables with the tables of the reports of other institutions, and as we find our death rates are very large and the number of recoveries very small, we think we are not as skilful as the medical officers of other institutions.

Dr. SCHULTZ. It is claimed by a French author that there are two forms of general paralysis—the true and the spurious—the latter the result of syphilis or intemperance in the use of alcoholic stimulants. He asserts that the spurious is curable. This has not been referred to by any one in this discussion. Has any member of the Association present had an experience to justify this claim?

Dr. HURD. I have been familiar with the articles which appeared in the *Annales Medico-Psychologiques* on what was called pseudo-paresis as distinguished from true general paresis, but in my own experience I have never been able to find the form which this French author—I do not now recall his name—considered pseudo-general paresis. I think that all who have to do with cases of syphilitic insanity and cases of paresis with a syphilitic origin have reason to say that although we may in very many instances connect the paresis with syphilis, we are never able to connect a cure with anti-syphilitic treatment. I think if the matter is considered carefully the reason is very evident. When syphilitic insanity presents a train of symptoms which resemble paresis, we

are not dealing with the syphilitic poison acting primarily on the system, but with an organic brain disease which has resulted from it. I have no doubt but that in the great majority of cases where paresis of syphilitic origin has become unmistakable—where the disease is thoroughly and profoundly developed—the downward course of these cases is hastened by ill-considered and injudicious attempts at anti-syphilitic medication. I presume you all have in mind the case of the actor McCullough, which was considered one of paresis. He was removed by a Philadelphia physician from the Bloomingdale asylum and taken to Philadelphia for treatment, on the theory that a great error in diagnosis had been made; that the case was one of blood-poisoning—(the newspapers called it so, meaning, of course, syphilis)—and that the form of his disease being really a syphilitic general paresis, he had not received proper treatment. We all know the result. The physician promised recovery in case the patient "did not run down." His efforts were not crowned with success; the patient did run down. I have no hesitation in saying that his life was undoubtedly sacrificed to this inconsiderate and undiscriminating anti-syphilitic medication. In other words, had McCullough been allowed to remain at Bloomingdale he probably would have lived many months. His death was hastened by this treatment; and I believe that will be the experience of every physician who has to deal with cases of general paresis of syphilitic origin who attempts to treat them with the anti-syphilitic remedies.

Dr. Chenault announced that members of the Board of Commissioners of the Eastern Kentucky Asylum were present in the hotel, and suggested that an adjournment be had to attend the reception announced for the afternoon.

Dr. Rodman. I should prefer that this discussion should not close without something further being said upon Dr. Hurd's paper. It is an admirable resumé of what we know upon this subject, and adds materially to the stock already possessed. I do not wish to let it go without having an opportunity of expressing my thanks to Dr. Hurd. To ascertain the fact of recovery of patients, my methods and aids are these: to see in the first place if the patient is still physically disordered; next, if he is free from hallucinations and delusions. Then I ask the patient if he recognizes that he has been insane. Upon those data I ground my

opinion. I think that Dr. Stearns has struck the keynote in this regard and deserves well of the Association for his remarks. I believe with him that the brain never fully recovers its full resisting strength after these attacks; it is left in a condition of lessened vigor.

On motion of Dr. Chenault the Association adjourned until 8 o'clock P. M.

The Association was called to order at 8.30 P. M., by the President, Dr. Everts, who stated that Dr. Pratt would present certain statistics in regard to the increase of pauper immigration.

Dr. PRATT. Mr. President and Gentlemen—I have no paper to present upon this subject, but I have been continuing my studies. I still lack certain statistics. Those who have done me the honor to read a paper presented elsewhere by me two years ago, with regard to the increase of insanity in the United States, will remember that I called attention to the fact that the foreign-born population of the United States, constituting one-eighth of the entire population, furnished one-third of all the insane of the United States; and that they furnished also one-third of the paupers and one-third of the criminals. I also called attention to the probable fact that heredity would cause a very much larger proportion of insanity among the native born children of foreigners than among the children of our native parents. But the census of 1880 furnished no basis upon which to determine the amount of insanity or the proportion of insanity found among the native born children of foreign parents, as compared with the native children of native parents. Since then three important State censuses have been taken, and I have the results of two of these: my own State is yet lacking. I expected to come here with the statistics of my own State; I was promised advanced sheets of the report on defective population by the Secretary of State but he was unable to give this before I left. I will state in general terms what they show. These State censuses not only confirm the astonishing result as shown by the Federal census, the large—the unduly large—proportion of insane from our foreign-born population, but they confirm, even beyond my wildest conjectures, the immensely large proportion of insanity among the children of foreign parentage—children born here—as compared with our own native children of native parents; and, when we consider the fact

that the census of 1880 shows that in the northern States and Territories, including the District of Columbia, the native-born children of foreign parents outnumber the children of native parents by a million and a half, the question of this extraordinary tendency of heredity becomes a very serious one. When my paper was first presented I called attention to the fact, (which I knew to be a fact though I had no proof except through newspapers and that derived from immigrants themselves and intelligent naturalized foreign citizens traveling back and forth), I called attention to the fact that the dumping of their refuse, their dependent population upon us by the municipalities of Europe had become a *system*, a system that began with the potato rot famine in Ireland in 1848; and while the census of 1850 shows but little more insanity among the foreign-born than among the native-born population, in 1860 there was a manifest increase in the number of insane among the foreign population; and in 1870, while the foreign-born population had increased thirty per cent, the number of their insane had increased one hundred and fifty per cent; and from 1870 to 1880, while the foreign-born population had increased during the decade only about twenty per cent, the insane found among the foreign born had again increased one hundred and fifty per cent. Understand, gentlemen, these figures are all derived from the census statistics. In order to account for this astonishing increase I was compelled to cast about for causes, and found, after careful investigation, that the municipalitles of Europe were, as I say, engaged in the systematic dumping upon us of their defective population. The correctness of this statement was called quite seriously into question, especially by some members of the former Board of Emigration of the State of New York. I have since then accumulated some proof upon the point; proof that can not be controverted. I have not that proof with me, (the documentary proof,) but I have some matters here which I picked up recently, the most of it since the riots in Chicago. I will read an extract from the *Pall Mall Gazette* of May 5th. You all understand, gentlemen, the rank and standing of that paper in England. The *Pall Mall Gazette*, commenting upon the Anarchist riots in Milwaukee and Chicago, says: "*Europe, having adopted a system of sending its paupers and criminals to the United States*, is primarily answerable for the troubles. America has shown fatal kindness in receiving these paupers, and is now reaping the results of her folly in trying to make American citizens out of the scum of Europe." There are other similar statements in the same

article upon the same subject. The newspapers in New York city are becoming aroused. I have here an extract from a leading editorial of the Commercial *Advertiser* of the 7th of May: "It behooves us, in this stage of our history, to prevent the immigration of alien enemies, and it is time for Congress to consider the question of so regulating immigration that foreign governments may no longer make a Botany Bay of America and cast upon us the task of dealing with their pauper outcasts and criminals."

One of your own journals, the Louisville *Courier-Journal* of the 8th of May, I think, says: "The matter is not one of foreign immigration but the regulation of it, and a discrimination—a proper discrimination—with regard to it. We have been the dumping-ground of the refuse of Europe long enough. It is time now for us to decide that we shall receive only such immigrants within our borders as have been honest at home and are competent to take care of themselves."

Through the assistance which I have received in the agitation of this matter from the American Public Health Association, the American Medical Association and this Association, a bill has been prepared and offered in Congress, which is now under consideration, though I doubt very much whether action will be taken on it at this session. But I am convinced by my correspondence that it will receive attention at the next session. This bill, as presented, does not go far enough in ridding us from these evils. In my paper two years ago I proposed that expert examiners should be attached to every consular office in Europe and Asia, in every country from which immigrants come to us, and providing that all persons proposing to emigrate to the United States should demonstrate to the proper authorities that they had never been convicted of crime, had never been paupers, and had never been insane, and that when they had furnished such evidence to the consuls, the latter should then be required to give them a certificate, something like the bill of health that is given to ships, including permission to emigrate; and providing that no ship shall bring emigrants to the United States unless they have such certificate; and that if they do the emigrants shall be returned by and at the expense of the ship. The bill before Congress proposes that this examination shall be made upon *this* side. As we all know this will be exceedingly imperfect; it will be very difficult to regulate this matter in that way. The bill, for instance, proposes that there shall be commissioners at Boston, Philadelphia, New York, Baltimore, New Orleans and San Francisco. In my paper two years ago, I

demonstrated that 100,000 immigrants came into the United States in 1882 *through Canada*, landing at British ports in Canada, and coming into Michigan at Detroit and Port Huron. The bill, therefore, will be very far short of accomplishing the purpose intended because the commissioners located at Boston, New York, Philadelphia and elsewhere will know nothing of and have no power over these fifty or one hundred thousand, more or less, which will come into the United States from British territories on the North. Now, with the construction of the Canada Pacific along our northern border the difficulties will be still greater. They can carry these defective persons, for example, to Winnipeg, whence it is but a short distance across into our territory; and at other points, exposed along our northern frontier, we shall have serious difficulty if we attempt to deal with the question entirely at the Atlantic and Pacific seaboards. I call this up for this purpose: As far as you have access to and influence with your members of Congress I hope you will call their attention to the fact, that, when they come to act upon the bill, it is of the greatest importance that this inspection of foreigners shall be made in the consul's office in Europe or Asia, or at whatever point immigrants propose to start; requiring them to go to the nearest consul for examination. It is high time that we should come to the conclusion that American citizenship is a privilege, a great privilege, a privilege not to be used to our detriment and for the advantage only of the taxpayers of European municipalities. Let us adopt a system which will prevent European municipalities from sending to us their paupers, their periodical and other insane and their criminals. Reasons are now multiplying, outside the question of insanity, why this should be done. There is no Know-nothingism in this; we do not forbid immigration; we propose no ban on the foreigner as such; we simply say that citizenship with us is a privilege, that we shall take such as we like, such as will do us good and will not do us harm. There is no reason in the world why there should be, among a healthy foreign class, any more insanity than among our native population. Now after these hundreds of thousands of paupers, insane and criminals have for thirty years been dumped upon us, by the law of heredity, we may partly calculate what thirty years hence the result will be, when their children, born here, upon our soil, native American by birth, and inheriting the peculiar tendencies of their foreign parentage, will be a curse to us, not only as patriots and citizens, but as taxpayers. Even now, the burden of all these, the burden of building and main-

taining prisons, poor-houses and insane asylums, falls upon *the States*, but the States have no remedy; the States are powerless; they foot the bill, but they have not the remedy; the remedy, by the constitution, is in Congress, which has exclusive control of foreign commerce; and we have got to act, if we act at all, in a remedial way, by asking Congress to take such action as it may think best, but if possible such action as will be effective to accomplish the desired result.

Dr. WILKINS. This is a subject which I am very glad to see brought to the attention of the Association. I read the paper to which Dr. Pratt has alluded, with a great deal of interest, and I listened to his remarks to-night with redoubled interest. Occupying, as we do in California, the extreme limit of our country, this defective class, after passing through the rest of the States, come to a place beyond which they can not go, and we become the victims of this system practiced upon us by foreign countries. I have long had reason to believe that there was a systematic organization for the very purposes mentioned by the gentleman in his remarks, and so thoroughly was I convinced of this that I spoke to the members of Congress from California, whom I knew, asking them to support any measure that might be brought up for the purpose of correcting this evil, to which we have been subjected. A member promised he would do so, and asked me to collect some facts upon which a bill might be prepared, but upon learning that a bill had been introduced for the purpose I thought it was unnecessary. But inasmuch as I shall go to Washington within the course of a few days, I would like Dr. Pratt to furnish me with the name of the gentleman having charge of this bill and I shall consult with him and our member.

Dr. PRATT. I have not the name with me and I can not now recall it. It will be an easy matter to find out who has charge of the bill. It is a special committee on public health. The Journal clerk of the House is a citizen of my town and my personal friend, and if you mention my name to him he will give you whatever information you desire.

Dr. WILKINS. In my report two years ago—perhaps it was four years ago—I suggested the propriety of our State making an appropriation placing the power in the hands of the board of health or the trustees of these public institutions to pay the expenses of these people back to their own country. The legislators, however, as you know, take very different views sometimes, and they took no action upon my suggestion. A short time before

I left California I laid the matter before our Board of Trustees at the Napa Asylum, and they passed a resolution authorizing the president of the Board, in conjunction with myself, to confer with the Governor and see if some plan could be devised by which we could ship these people back to their own country, especially the Chinese, because they more than any other class are the disturbing element in California, and the State is very anxious to be rid of them; to get rid of any portion of them would be a great desideratum. The Governor was impressed with the idea and had a conference with the Chinese Consul with the hope of getting rid of the insane confined in our asylums and the criminals in our prisons. We have in our State about sixty-six per cent of native born citizens, the rest being of foreign birth. The foreign born furnish two-thirds of our insane population, showing that they are four times as susceptible to attacks of insanity as the native born. I knew that this could be accounted for in a great measure by the defective classes coming to our country, but not having the data to make positive deductions I was looking for other causes, and it occurred to me that it might be found, in a measure at least, in the change of the habits, but more especially of the diet of these people. The pauper element of Europe, as we all know, are reared largely upon vegetable diet and fruits. Now, coming to our country, adopting our habits, partaking immoderately of animal food, I concluded that it added fibrine to the blood, made it richer in quality and more stimulating in character, and the brain and nervous system being unaccustomed to richer food than it had been reared upon suffered in consequence of this change. I knew that these minds had not become undermined by stock speculation; I knew it was not the climate; we all breathe the same air; I knew it was not whiskey, as we use whiskey in California (as well as they do here in Kentucky); in fact, the natives of California are famous for drinking whiskey as well as the foreign born, and yet the two-thirds American born only produced one-third of our insane, while the one-third foreign born produced two-thirds of the insane. I read a paper before the State Medical Society, I think it was two years ago, in which I showed that the increase of insanity taken in the ratio from 1860 to 1880, would make one-third of the entire population of California insane in 120 years; just the same pro rata of increase; taking the increase of population and the increase of insane. For instance, in 1860 there was one insane person in every 765 of the population; in 1870, one to 484, and in 1880 one to 360 odd. Following this up

it would make, as I have said, one-third of the entire population insane in 120 years. I did this for two reasons; first to call the attention of examining boards to the fact that they were committing persons to our asylums faster than we are able to make accommodations for them; and, secondly, to call the attention of legislators and those who frame our laws generally, not only State, but national laws, to the fact that there was a population thrown upon us that would overwhelm us if not put a stop to. You can understand, therefore, with how much pleasure I hail the discussion of this subject, which has been brought up by Dr. Pratt. I hope this will be extended into some organized effort. I hope Dr. Pratt will draft a bill and place it in the hands of some active member of Congress interested in this matter, and follow it up, and that Dr. Pratt will call upon the rest of us either to write to or see our representatives, and see if we can not get some legislation to relieve us from this very great evil. I do not understand how we are going to care for these people in our State with our two asylums already overflowing and a third one being built, which will be filled as soon as finished. I hail this discussion, therefore, with great satisfaction, and I would like to have a resolution passed by this Association endorsing the views here put forward, and asking Congress by memorial to take action upon this very important subject.

Dr. PRATT. If Dr. Munson were here I should ask him to state the percentage of foreign born in the Traverse City Asylum, Mich. I think he told me it was over 70 per cent.

Dr. EVERTS. I believe the Association acted upon this matter of memorializing Congress at the last session.

Dr. HURD. While Dr. Wilkins is on the floor I wish that he would tell us something about the forms of insanity among the Chinese, also what proportion of those coming from China suffer from insanity and the causes of it. When I was in his institution about a year ago, I saw he had a large number of Chinese, both men and women. A number of years ago in conversation with a returned missionary, I learned from him that there was no insanity in China. Dr. S. Wells Williams, of Yale College, who spent twenty years in Pekin, also told me that he knew nothing of insanity in China. I was consequently surprised to see so many Chinese in the Napa Asylum. I should like to hear from the Doctor on that subject if it does not depart too widely from the subject in hand.

Dr. WILKINS. I would state for the information of the Associa-

tion that there were thirty-five Chinamen in our institution and above sixty-five in the old institution at Stockton, making about one hundred in the State. The proportion of Chinese who become insane is not so great as that of other nationalities. I have accounted for this apparent fact in two ways. You have intimated that there was no insanity in China. I have been told by some of the Chinese, who speak English, that when a man becomes insane in China he is put in confinement, and is left alone and dies, and thus there is no apparent insanity in China. In the second place they have an organization here which is quite wonderful in itself; they have a government within our government, and while they have to obey our laws they obey the laws of their companies, and they live here much as they lived at home. They eat rice and unstimulating food, and ordinarily are a very frugal, domestic, industrious and ingenious race of people. They live, therefore, as they lived at home, and are not so liable to be influenced by the excitements, speculations and other causes that serve to bring on insanity among our people. As to the forms of insanity from which they suffer I notice no particular difference; they have melancholia, mania, dementia; there are many cases of mania—some few of a religious character. During a period of revival meetings held by Moody and Sankey we had three Chinamen committed to the Napa Asylum, one of whom is still there; the other recovered after the excitement had passed over and was discharged. They all spoke English, and from them I learned the facts that I have stated in regard to Chinese lunatics being permitted to die when attacked. I do not think there is any marked difference in the forms or types of insanity.

Dr. CHENAULT. The Committee of Arrangements beg leave to report that they have arranged for a special horse race to be held at the race track on Wednesday afternoon. Members can leave the hotel at one o'clock by the street cars. Returning to the hotel, after this race, we propose to take omnibuses for Ashland and visit Major McDowell's stock farm, and afterwards visit Treacy's stock farm. Thursday, at nine o'clock, visit the Eastern Kentucky Asylum, and after visiting the wards hold a session in the chapel of the institution, and then partake of the entertainment provided by the Superintendent and Commissioners.

The report of the committee was adopted.

Dr. EVERTS. I have the pleasure of announcing that Judge Morton, President of the Gentlemen's Club, of Lexington, has

extended an invitation to the members of this Association to accept the hospitalities of the club during the meeting. The club room is at the end of this hall, and members may accept the invitation singly or in company, as they may desire.

On motion of Dr. Chenault the Association then adjourned until Wednesday at 9 A. M.

The Association was called to order at 9 A. M., Wednesday, May 19th, by the President, Dr. Everts.

The minutes of the previous meetings were read and approved.

Dr. W. R. Rodes, superintendent of the Missouri State Asylum at Fulton, Mo., was introduced and took his seat with the Association.

Dr. Bryce, from the committee to audit the accounts of the treasurer, announced that the committee had examined the accounts and found them correct, and the proper items sustained by vouchers in each case. He recommended that an assessment of three dollars be levied upon members to meet the expenses of the Association for the coming year.

The President announced as the next order of business the reading of a paper by Dr. Granger, of the Buffalo State Asylum, on "Training Schools for Attendants."

Dr. Granger read his paper, after which he made some remarks upon the literature of the subject. He exhibited a variety of treatises, many of which were prepared by their authors expressly to meet the demand created by the new statutes requiring physiological instruction to be given in the public schools, with special bearing upon the effects of alcohol and narcotics upon the human system. Among others he mentioned a work by Dr. Smith, of the Medical Department of Dartmouth College, on the Human Body and its Health: Dr. Foster's work: one by Esmark, translated

by one of Queen Victoria's daughters: one by Dr. Dulles, of Philadelphia, preferable, in his opinion, to any of the others: Books on Nursing, issued by the Bellevue Hospital School, and the New Haven School, both good: also, Hand Books published by the British association, reprinted in Boston: another by Dr. Williamson of New South Wales: and several others in the nature of "Hints for the Sick Room." Reference was made also to a new work soon to be issued by Dr. Brush, of Philadelphia.

Dr. Everts. The gentlemen of the Association have no doubt been very much interested in this subject, which I think is somewhat new to them. It has been particularly interesting to me. Discussion of the matter is now in order.

Dr. Tuttle. This is a subject in which I am greatly interested, and I think the time is very soon coming, when training schools for attendants in asylums will be as common as they now are in general hospitals. It is not a question of whether we shall train them, but rather to what degree and what method shall be pursued. Of course every asylum now instructs them to a certain extent. Taking the way they have been instructed heretofore I do not think there has been economy of time. Apart from printed rules and regulations they get their instruction from the supervisors and from the physicians in the wards. This has to be gone over in every case separately, and is not economical. It is a great deal better to assemble the nurses in divisions, according as they can be spared from the wards, and give them systematic instruction. It can not be out of place for me to mention what we have done at the McLean Asylum, and how we accomplished it. Of course we had to begin with the nurses already in service, and we have done there certain things that Dr. Granger has spoken of in his paper. For instance, we relieved the nurses of a great deal of drudgery by employing on each side men and women to scrub the floors, make the beds, wash the dishes and windows, and other labor that our nurses formerly did and still do. This aid gives the nurses more time for the special work which we require of them: companionship and personal care of the patients. Entering the school was entirely voluntary, and I should say that perhaps one-third to one-half joined the school by the time it was organized, with the understanding that they were to stay two years. They make a

formal application and begin in that way. Those who did not care to join were allowed to go on as they had done. Many of the nurses had been years in the service of the asylum, and they were not made to feel that their position would be unpleasant, but in time they dropped out for legitimate causes, and when they went others that took their places joined the school. We take no nurses now except those who become members of the training school, and in the course of time all of the nurses will be graduates or going through the course of instruction. In regard to the organization of the school we have a superintendent of nurses, whose business it is to superintend them in their work in the wards, look after them generally, hear the recitations, &c. It is her business to see that everything goes on right; she does many duties which aid the matron, but is called superintendent of the nurses. This woman had been there eighteen or nineteen years and was formerly a supervisor. She went to the General Hospital Training School of the Boston City Hospital for a course of instruction, and was afterwards appointed to this position. She has an assistant who is also a graduate of the Boston school. The two look after the nurses in their work, and give instruction personally on the wards. The first assistant physician lectures to the class, giving about the same course that Dr. Granger has spoken of. The superintendent takes the class the second year, and lectures on the care of the insane. Besides the two assistants spoken of we have a woman who comes from Boston, who is a graduate of and connected with one of the cooking schools there, who gives the second class a course in cooking for the sick, for a session of eight or ten weeks. This matter of organization is very important as regards the permanency of the school. A proper corps of instructors is absolutely necessary. It must not depend upon one man, whether superintendent or assistant physician. The ordinary demands upon the time of the medical officers of a hospital would interfere with the work of the school. The more you divide the work the more chance you have of the school being permanent. As to the course of instruction, after probation of two months, if we and they are satisfied, they enter upon an agreement to stay for two years. For the first year we use as text-books manuals on general nursing; Domville's "Manual for Nurses" is used in all the training schools in our vicinity, and a manual by Cullingworth, and Hutchinson's Physiology, as far as the Nervous System. The superintendent of nurses and her assistant hear the recitations, taking the nurses by divisions and

having a recitation once a week. Besides that both these women have practiced massage, and they have always a class of nurses on hand in both the first and second year, and in that way we have a corps of nurses who can do any service in the way of giving massage. The second year we use a manual of nursing by Miss Weeks, and the English text-book which has been reprinted by Cupples, Upham & Company; also a manual on fever nursing by Allen of Glasgow, and a little book on monthly nursing by Cullingworth, and portions of a hand-book for hospitals, published by the New York State Board of Charities. That is the instruction in text-books the second year. We do not feel satisfied, even with all these text-books, and are looking for others more suitable for our purpose. The cooking school which was introduced this last year, I like very much, because it is practical, and little things that I want for my patients, that I do not want to trouble the kitchen for, I get the nurses to prepare for me. Gas stoves are placed in the middle of a room, and when the nurses begin their work it is generally preceded by short instructive remarks by the teacher, and after this the materials are given to the nurses, and they are requested to put in practice the instruction received. The nurses enjoy this work very much.

At the end of each four months there is a written examination. A certain number of questions are written upon a board, and each nurse is allowed three hours in which to answer them, and I have been surprised to see how well they did in these examinations. Had I known this question was coming up here I should like to have brought with me the papers of the last class. They did admirably. We find that the school is beginning to attract a class of young women who did not formerly enter the service of hospitals. They are fully equal in capacity and general advantages to the nurses who apply at the general hospitals. Recently we have had four or five young women who had been teachers. They make most excellent nurses.

When the question came up of establishing a school for nurses I was a little troubled; I doubted whether a hospital for the insane, and a small hospital like ours, could give instruction of such a character as would enable them to compete with the graduates of general hospitals, but I found, as we went on, that it was not a question of whether we had enough to teach them, but whether we had time to teach them what we wished. It is a fact that the most a well-trained nurse should know can be taught as well in an asylum for the insane as in a general hospital; for

example, the proper care of patients confined to the bed, the changing of clothing, giving baths, the taking and recording of the pulse and temperature and respiration, passing the catheter, etc., etc. As far as cases of acute disease are concerned, if the nurse knows how these little things are done she will have no trouble in succeeding. I suppose an ideal nurse would be one who, after taking a course of instruction with us, took a year in a general hospital for the clinical experience. I put the asylum first because we have had quite a number of young women who have had a partial course in a general hospital, and who afterwards entered our service and came into our training school, but who soon got tired of the work; the patients do not get well with the same rapidity that is found in general hospitals. It is a well recognized fact among general practitioners, that graduates from our general hospital training schools do not like to take care of cases of nervous disease. The nurse who has had her training in an insane asylum expects her cases to be troublesome, and has the tact for their proper management, will succeed best in the care of the sick.

The question yet remains to be decided whether we can keep our nurses after we have graduated them. Those already graduated are under an agreement to stay until next fall. The question has not yet come up with us. Dr. Cowles is now considering whether he will not increase the pay of such graduates as we wish to retain. We are now frequently requested to furnish nurses for the care of private cases, and the demand will be greater as soon as it is understood that we graduate nurses for that purpose. The nurse who leaves the asylum for that purpose gets large pay, which is certainly a great inducement for them to engage in that sort of work. Instead of increasing the pay of our nurses engaged in this work we have reduced it. The wages of those who in the future may join the training school will be reduced from the rates that we formerly paid in order that they may correspond with what is given to the training schools of the neighboring hospitals, their instruction being considered an equivalent for their services. We have no trouble in getting all the nurses we want. We can not take one in four of those who apply. So far as we are concerned this has been a decided success, and so far as the results go it is admirable. We get better work, the nurses know what is to be done, and the physician is less troubled in finding out what is necessary for him to know. I do not think myself there would be the slightest trouble in establishing a training school in any hospital for the insane wherever it may be, or whatever the char-

acter of the nurses. Even though the standard should not be so high you can still teach them something and improve upon their present condition.

Dr. PRATT. I would like to ask Dr. Granger one question. It would seem a natural inference from what the Doctor has said that the pupils were all females. I would like to ask how many male nurses were graduated; what proportion of the male attendants?

Dr. GRANGER. I would answer that question by saying that when I commenced this work, being in charge of the women's side, I began the work with them, and no instruction was given to the men until the first of last July. Since that time the men and all the women with one or two exceptions, (old attendants who were not fitted for the school, but were fitted for their positions and entitled to remain,) all the men are attending the school and showing a great deal of interest, and they will come up the first of next July for the first year.

Dr. PRATT. How large a proportion of men, as compared with women, did you find fitted to take the course and become professional nurses?

Dr. GRANGER. We have not yet finished the course with the men, and it is impossible to answer that question fully. The men will probably not become professional nurses like the women. When they leave they will probably go into other work outside, but if they remain with us they have the inducement of instruction which will be profitable to them, and their pay and privileges are increased. They are thus encouraged to finish the course.

Dr. PRATT. This preliminary course of study—what is the special object of that? To determine their special aptitude for nursing or for work generally?

Dr. GRANGER. Before the school was established we had always in the asylum a month of probation. It was always said to the attendants that they could come for a month, at the end of which they could give notice to leave at any time within thirty days; to leave honorably themselves, or if we did not desire their services we would inform them at the end of the month that they might withdraw. When we started the training school we thought we ought to have more time; then, too, we are under the Civil Service regulations of New York, which require three months instead of two.

Dr. PRATT. I have been very much interested, Mr. President, in this subject, and am glad that some one has led off in this

practical way to show us how we are to do this thing. All of us who have been surgeons, who have had hospital experience, know how difficult it is to find good nurses among men. We all understand, of course, that the aptitude of women for nursing is far greater than that of men. It is the experience of all physicians in private practice, that good, competent, skilful, faithful male nurses are very hard to find, and when found they command the highest wages. There are many difficulties in the practical solution of these questions; let it be once understood that you have these trained nurses and I fear the community outside will offer such inducements to them that we shall not be able, for some time, to get legislators to authorize the payment of such wages as will suffice to keep them in our service. But I believe this is a movement in the right direction, and perhaps we can in time induce our boards of management and legislators to authorize such compensation as will enable us to retain the more valuable nurses—those that will graduate from these schools. Other difficulties are apparent in conducting such a class: in getting things into shape and exciting interest among the attendants. This must be an onerous work. But in this, as in every thing that is new, enthusiasm and an earnest belief in its practical utility, will, as we have seen, overcome all difficulties and obstacles.

Dr. Schultz. Mr. President—The attendants in an insane hospital are the chief channels through which whatever benefits the patients receive, are conveyed. If this medium of communication is for any reason unsuited to its work, or fails to accomplish it, then to this extent the benevolent purposes of the State or the private individual, establishing a hospital, come short of being realized. What superintendent has not been obliged to confess with sorrow to himself, if not to others, that his best plans have at times miscarried for the reason mentioned? There are of course difficulties connected with this subject which we may never be able to overcome. But to my mind nothing promises to us so much substantial progress as the systematic and thorough training of nurses, as it has been discussed here. My first motive in arising was to express my satisfaction with this paper, and my sense of its value as pointing out a practical measure, full of promise for the good of the insane in the hospitals.

Dr. Hurd. Mr. President and Gentlemen—It was my good fortune to be present at Buffalo at the commencement exercises of the Attendants' Training School, and I may be pardoned if I make allusion to one thing that impressed me at that time, and

which, setting aside all the technical knowledge which the attendants obtained, seemed to me of the utmost value, and that was the manifest and marked sympathy which existed between the medical officers and attendants. I think all who have had charge of attendants for many years have been at times painfully impressed with the fact that we do not get hold of our attendants: we do not secure that hearty, whole-souled coöperation from them which is so desirable in properly caring for insane people. At Buffalo, as I said, it was evident that those attendants who had gone through the two years' course had acquired sympathy with the methods of the asylum; they were not critical, but seemed to be heartily in sympathy with all the methods of the asylum, and each one was striving most earnestly and zealously to carry out the wishes of the physician. And I may say, also, that I believe the reflex effect upon the physicians was most happy. I believe that Dr. Granger, in assuming the burdens of this school and carrying it on as he has done, almost unaided, during the past two years, has during that time wonderfully developed himself. I believe he has appreciated the difficulties of the attendants as he never did before; I think, also, he has appreciated their good works, and has been stimulated himself to do more for his patients than he would have done had it not been for this school. There is one other point which it seems to me of great importance to emphasize in connection with all training schools for attendants, and that is the necessity of establishing in every hospital for the insane, hospital or infirmary wards for the care of the sick and feeble; for watching the depressed and suicidal, and for the tender personal care of the recent case. I am positive that as many institutions have been organized heretofore, and as too many are organized in this country to-day, there is a great deficiency in this regard. A delicate patient is received into an institution. She is put into a ward—and perhaps her condition requires it—where she is associated with a disturbed class of patients. The time and attention of the attendant is taken up largely by patients who give the most trouble, and the feeble, delicate, shrinking woman is forgotten. She does not give very much trouble; possibly she is confined to her bed, or her condition may not seem to require the same amount of attention as a more active and less distressed case. In an asylum without a hospital or infirmary ward, recent cases who require most careful personal attention, and who will receive permanent benefit from it can not receive it. In an asylum possessing such a ward the superintendent lies down at night knowing

that no feeble patient will lack for a drink of water, that no helpless patient will require the services of an attendant and not get them, and that no suicidal patient will be permitted to destroy herself during the night. In my own experience I have found that our best attendants are our best nurses—I have had no systematic training of attendants—and those nurses have been the best who have received their training in these hospital wards. I would urge that in connection with the training school there be established in every hospital an infirmary or hospital ward for the care of such patients as I have mentioned.

Dr. RICHARDSON. There has always been a defect, it seems to me, in our system of employing attendants, considering what the word "attendant" ought to mean. We take them in, usually without any preliminary experience whatever in the care of any form of sickness—certainly without any experience in the care of the insane. We try with us to encourage experience, and reward it by graded wages, and we try to give some instruction in the explanation of rules and in matters of detail in the wards. There is one point which it seems to me would be greatly enhanced by the establishment of these regular training schools, and it is a defect which I have particularly noticed. I allude to the difficulty in securing attendants who will be companions for the insane. We can usually get those who will do the mechanical work of the wards in a proper way, keep the wards clean and the beds cleansed properly, and keep the patients, as a usual thing, properly dressed; but after that is done this class seem to feel that that is the end of their labors, and they will sit down and be inclined to get by themselves, and the patients are thus left to associate with themselves. This comes, I think, from the fact that so much of this drudgery is put upon them, and I believe that one great improvement which would grow out of this system of giving better training to attendants as a class, would be to inspire them with the idea that they are a little more than mere servants, and as a consequence owe something more to the institution and to the insane. I see some practical difficulties in the way, but so far as that can be done it should be done; we might modify the wages in such a way that the sum total would not be increased much, and yet we would be able to compensate them for the higher grade of qualifications which they had attained. Now we pay a scale of wages for female attendants which is considerably beyond that of ordinary domestics. The work of the ward, the drudgery of the work, could be done by domestics at lower wages. Then we

would have a surplus that we could give to this higher grade of attendants, and by that means draw to the institution a class of educated people, a class which we do not get now. We just pay enough to secure a class a little better educated than mere domestics, and not enough for good trained nurses. Now, so far as that division of labor can be carried out, it seems to me it would be a great improvement. How far it can be done with our system of instruction it is a little difficult to say. I have been in favor of the separation of the day and night departments, and if we could secure this, such labor could be done by domestics entirely separated from the patients, while the direct care of the patients, the individuals themselves, could be managed by these trained nurses. We want our attendants to be companions for the insane, and not mere domestics, not drudges. Without this, we do not get the high benefit of moral treatment of the insane that we ought to get, nor the benefit Dr. Hurd mentioned, of bringing the attendants into closer relations with the medical officer, which it seems to me is very great. If they are instructed in this way they do their work intelligently; they know why treatment is given; they are treated more like intelligent beings. We explain the necessity of things, and in consequence they do their work with more energy, with more love, with more enthusiasm in the special care of the insane, and they do not come to do this certain amount of physical labor and when it is over consider their work done. It is a great difficulty to make attendants feel that above all this routine work, they are employed to bring out, to lead out, to develop these disturbed minds, and assist in that manner in the recovery of the patient. I have always felt there was a great deal more in that than in remedies. It is one of the important elements in the care of the insane, and it is one of the most important features in the moral treatment, that the agents shall be educated and cultivated people. I am heartily in accord with the ideas expressed here, and I think the time is not far distant when every one of our institutions will have one of these schools in connection with it.

Dr. Stearns. Mr. President—I rise more especially to express my thanks to Dr. Granger for the valuable and in some respects instructive paper he has favored us with. If there is one element of greater importance at the present time than others in the treatment of the insane, and one which conduces more largely towards recoveries among them, it consists in having skilful attendants for their care. Their intercourse is more intimate, and they come into closer relations than it is possible for the physician

to do, and if educated to carefully observe, not only medical but physical symptoms and conditions, will be able not only to understand and assist the patient, but also to aid the physician in arriving at a correct estimate of the case. It is to be feared that the old idea of "*keeper*" still lingers to a large extent in the minds of attendants, and that they regard their whole duty as performed when they have exercised this function, and the idea of studying the mental and physical conditions except in the most superficial manner never occurs to them. With too many the occupation is taken up in the first instance because they have nothing else to do, and the intention is to follow it only until something more desirable or more lucrative turns up, and if any way can be found to introduce the element of greater permanence into the employment, it will be a large gain. Now it seems to me that this plan of systematic training and education may be just the thing, by means of which this may be accomplished. In order that persons should become interested in any occupation and adhere to it, it is necessary for them to understand how to perform the duties connected with it so far as they may be able to qualify themselves. There are doubtless greater difficulties in the way of establishing such courses of instruction in some of the large State institutions than would be found in smaller and corporate ones, but if it can be understood by all that it is desirable and will be of value in securing the best results of treatment, I think it can be brought about. Indeed it seems to have been already accomplished at Buffalo. That is a State institution, and the physicians seem to have succeeded in securing the coöperation of the trustees in establishing such a school. That is probably the best course to pursue, and if trustees and directors once come to understand the importance of this they will be as ready to coöperate and give countenance to establish these schools as they have been to make the primary outlay for humane care and treatment of the insane.

Dr. Bryce. I am hardly prepared, Mr. President, to express my decided opinion on this important subject. The proposition is a comparatively new one to us all, and we have hardly had time to view it in all of its important bearings and relations to the proper management of our hospitals for the insane. We are all prepared, however, to acknowledge our obligations to Dr. Granger for such a well-conceived scheme, and his admirable presentation of it, in the paper just read.

I do not hesitate to say, however, that I already see a great many difficulties in the way of establishing these schools in our

State hospitals for the insane. It is possible that these difficulties may be overcome, as they have been in a measure, at the asylum at Buffalo. No one, I presume, who has any experience in the care of the insane, will take issue with Dr. Granger in the general proposition, that well-informed, well-bred men and women, other things being equal, make better nurses for the insane than those who have never enjoyed any such advantages. If there is one fact more than any other that daily impresses itself upon my mind, it is the importance of securing intelligent help in the management of the insane. The impoverishment of our southern country by the late war has forced many of our best people, both men and women, to seek service in the less remunerative and less honorable walks of life. For years past I have been giving employment to this class of persons, and every day teaches me the great value of such intelligent assistance in the care of my patients. It is true that this class of persons, especially the women, are not as accomplished as the Biddies are in scrubbing floors and the more menial work of the wards, neither do I require it of them. There are usually enough servants about a large hospital to do this kind of work. What we most desire in our nurses is a just appreciation of the delicate duties they are called upon to perform, and to possess this, their minds must be enlightened, their sympathies lively, their manners cultivated and refined. If to these were superadded such technical knowledge of insanity, and the details of skilful nursing, as Dr. Granger proposes to teach them, then I imagine their fitness would be complete. Except in the most menial pursuits of life—the hewing of wood and drawing of water—nobody will contend that ignorance has any advantage over intelligence. But the care of the insane is far from the simple thing we used to think it was, before we understood the true nature of the mind. I do not know any vocation in life that requires for its successful pursuit a higher degree of natural mental endowments than that of a companion or nurse for the insane. We admit the propriety, nay the necessity, of educating nurses for the ordinary sick; and of late years much attention is being paid to this branch of technical education. Our best physicians and largest metropolitan hospitals are encouraging this course, and many of the best women in the land are pursuing it. If it requires then a trained nurse to minister to the ordinary sick, who can think for themselves, how much more necessary it becomes to secure the same advantages for the insane, who have lost their

reasoning powers, and are to that extent unable to help or care for themselves.

The question, it seems to me, Mr. President, is self-evident, and admits of no dispute. The only point of discussion, in my judgment, is, what are the best methods of imparting the necessary instruction to our nurses? As I said in the beginning, I see many difficulties in the way of carrying out this lecture system (especially in my own hospital) so successfully inaugurated at Buffalo by my friend Dr. Granger. But I will not take up the time of the Association by stating these difficulties, which after all may be easily overcome. I am delighted with Dr. Granger's paper, and have been much benefited by it, and the remarks it has called forth from others. Somehow I believe it will mark an epoch in the treatment of the insane, and it will not be long before we have a training school in every large hospital in the land.

Dr. Blumer, of the State Lunatic Asylum at Utica, who had lately visited the Buffalo Asylum, endorsed Dr. Hurd's remarks concerning the status of attendants in that institution, and expressed his gratification at the new departure. There was no organized training school in the Utica Asylum, though lectures to attendants had been begun three years ago. Changes on the staff had involved a discontinuance of the lectures. He was impressed by a remark made by Dr. Tuttle, that training schools should be organized with a view to permanency. He alluded to the conservatism of many men in the matter. He stated that he was present at a meeting of the British Medico-Psychological Association when the subject of training schools was introduced by Dr. Clark, of the Glasgow District Asylum, at Bothwell, and could not but notice the cautious objection made by some of the older members to the publication of the manual to which Dr. Granger had referred.

Dr. Wilkins. I put myself among the creepers here, not the teachers; I have come a long way for the purpose of gaining new ideas. Being on the border land—perhaps of insanity as well as the continent—I was a little afraid that not being in a position to associate with other gentlemen in charge of asylums who might know a great deal more than I did, I might get to running in grooves.

We have had no training schools in our State. Our institution has gone on in the old way of giving the attendants the rules and regulations, and occasionally examining them upon these rules to see if they understood even that much. I have no doubt that this

new idea will take root and grow; that it will be of great benefit to the institutions of the country and to the insane. Like Dr. Bryce, I can see a great many difficulties in the way which will have to be overcome by patient and continuous effort. I have found difficulty in getting even assistant physicians enough; I have brought the fact to the attention of our legislature that the asylums of California had the smallest corps of medical officers of any in the world. There are two asylums there with fourteen hundred patients each, which have but two assistant physicians. This makes it impossible for us to keep even case books; it is impossible for us to be as much among the patients as we know we ought to be. Until we can educate our legislators to give us a sufficient prpportion—to employ an additional medical corps and to employ also additional supervisors and instructors, I must believe it will be difficult to carry out this idea of training schools in our institutions. I shall try to impress the importance of this subject upon our board of trustees, who have always been kind in adopting the suggestions I have made; but they have not the power the legislature has of making the necessary appropriations for carrying out the ideas suggested. One of the gentlemen who has addressed the Association to-day has spoken of the necessity of constructing infirmary or hospital wards in connection with every institution. For years I have been laboring to induce our legislature to make an appropriation for this purpose, but without avail. In a report made sixteen years ago I recommended this, and stated that it was necessary for every institution to have an infirmary or hospital ward for the sick. It was incorporated in the plans of the Napa Asylum, but unfortunately the money which was intended to have been spent in that direction was spent in the ornament of the outside of the building, and this useful addendum to the asylum has been omitted, and I have never been able to get it since.

As I said before, I think good results will follow this system which Dr. Granger has started at Buffalo. That is a State institution, and situated not far from a large city. He may have better facilities for procuring the kind of help he needs than we have in our small villages. I presume he has a large medical corps connected with the asylum; I think there are four physicians there.

Dr. Granger. Two assistant physicians.

Dr. Wilkins. They have six at Utica, I believe.

Dr. Blumer. Four assistant physicians.

Dr. Wilkins. And a pathologist. You can understand the

difficulties we labor under in California with this small staff of assistant physicians. It is true we pay our attendants more than is paid at any other institution in the world; thirty-five and forty-five dollars a month, and pay the women the same as the men. I think that is a mistake; but that system has been inaugurated, and we have to follow it out. It brings us a very intelligent class of people, although we have some who are not up to the mark; but we all know the difficulty of getting rid of attendants who come into service unless they break some of the rules. I think we are now more particular than formerly in the class of attendants we endeavor to secure, and I hope we shall still further improve in the future. I shall do all I can to educate them, but the time left to us after the real medical duty has been attended to is very small; in our present state of things we should have little time for schools of instruction; we can only do the best we can.

Dr. FINCH. I have been very much interested in the discussion and much impressed with the necessity of bettering our corps of ward workers; I was but a short time at Columbus before I realized that in this resided the great efficiency of management. I thought it was a very apparent evil—that these attendants should have to do all this menial labor. I have noticed that many of the best appearing applicants for positions as attendants in our asylum, those who seemed best fitted morally for the place, when they came to learn what was expected of them, what drudgery they would have to do, immediately withdrew their applications. There have been many instances of this kind of people being wholly ignorant of the work that would be required of them as attendants, and only being enlightened when they came to the hospital. To illustrate; a young gentleman called upon me not long since and asked for a place as an attendant. I asked him if he knew anything about the duties of an attendant, and he said no; but that he thought it was some kind of writing. He was very much disgusted when I explained the duties to him; he immediately withdrew. There seems to me an objection to one thing which Dr. Tuttle has suggested; and that is the placing of young women upon these male wards; there might be some practical difficulties in the carrying out of this plan. Another thing; there is in some individuals a certain fitness, what Dr. Kirkbride would call tact—something which training schools could not impart; something which is in the make-up of the individual; an adaptability for the work, and this sometimes makes the attendants with the least experience the best ones.

They are versatile; they do not lack expedients; they win the patients away from their morbid and depressing delusions. I have had such attendants, and was unfortunate enough to lose nearly half-a-dozen a few days ago; people whom I regarded as my best attendants. I have thought of this training school enterprise a great deal, and I think it is a very important move in many ways; it will enable us to cull out those who are best fitted for the work, and it will be a better way of testing their fitness than the course we are now pursuing. It will have this advantage also; it will help disabuse the minds of outsiders who have erroneous ideas of an attendant's duties.

As it is now it is a very widespread idea that any one will do to work in a hospital for the insane. It will have this additional advantage; it will tend to give permanency of place; there will not be the same disposition to displace those who have been found to be fitted for this work. Now while the training of attendants does not necessarily fit them for the work of nurses, I think that where we have no infirmary or hospital wards in our asylums, we should have nurses in all the wards who could care for whatever patients might be sick on their wards and do this in an intelligent manner; there should be certain ones on each ward whom we could detail for this special duty. I do not know how far general training in a general hospital fits a man for duty as attendant in an asylum; I am certain, however, that we should have companionship for the insane from our attendants as Dr. Tuttle says. I think it is somewhat questionable whether a nurse trained in a general hospital is as well qualified for duty in an asylum as an attendant who had been in the institution for some time—though he had not received this instruction. I am heartily in favor of any measure in the progress of the treatment of the insane; that is the first question, and I believe we ought to have efficient attendants who could be companions for the insane on the wards. I hope something will grow out of this. I shall do whatever I can to further this work.

Dr. CALLENDER. I do not know that I can add anything to the discussion this morning; but I may briefly say, sir, that as a superintendent of some years' experience, and as a very frequent attendant upon the deliberations of this body, I believe I can say that the subject of the discussion for the past hour and a half, I regard as one of more importance than any to which my attention has ever been suggested. I will not attempt to recapitulate what has been the experience of every one as well as my own; that is

that these employés, these attendants, are our eyes, our ears and our hands, and very materially assist our judgment and our minds in relieving this unfortunate class of people. I have in my experience excogitated this matter not on the plan of the training school to which my attention has been directed to-day, but to inaugurate a system of my own, and I confess that the practical difficulties have been such as to deter me from so doing. We all have individual surroundings about our institutions, different sections of the country and, as Dr. Stearns remarks, I think that we are all aware that the amount of public money appropriated for the care and treatment and the recovery of the insane falls short, and as a consequence the results of treatment are not as great as the public expect. And the reason of our failure in this direction as he remarked is due to a lack of character, of qualifications and of fitness on the part of this class who, as I say, might be called our ears, our eyes and our hands.

Let me repeat a remark that has been made here to-day. I hope there will not be another meeting of this Association at which there will not be a discussion of this subject, for I consider it a matter of great importance, and I beg to say that I think Drs. Granger and Tuttle are entitled to the thanks of the Association for the attractive and interesting manner in which they have placed this subject before us.

Dr. Everts. Dr. Brown, has there not been some effort made in Indianapolis to establish a training school there?

Dr. Brown. No, sir; it is a kindergarten school intended more especially for the patients; not a training school.

Dr. Tuttle. The matter of training men has been mentioned. As a rule the women are better fitted for the care of the insane than the men; they are by nature better adapted for the work. I know of no general hospital that trains its men nurses; the reason is there are so few of them. Most of the nurses in general hospitals, even in the male wards, are women; and the few men that they employ are rather for the more menial services. If the general hospitals have the advantage in training women, asylums have the advantage in training men, and I think it of equal, if not greater importance, that the men should be instructed. We have not as yet, in the training of men, gone beyond the practical instruction in ward work, in accordance with the methods of the new system, but their interest has been so far stimulated that it now requires very little to complete our whole scheme for training.

Dr. HURD. I want to ask the Doctor about uniforming his attendants.

Dr. TUITLE. All nurses in the school are obliged to wear while on duty, a gown of a certain pattern and style, made of American gingham, a small check, blue and white, brown and white or black and white, according to the choice of the nurse, and a regulation cap and apron.

Dr. CARRIEL. Do you uniform the male attendants?

Dr. TUTTLE. Not at all.

Dr. GRISSOM. I regret that I have nothing that I can offer from my own experience to the fund of knowledge that you have so usefully and appropriately gathered here, but I desire, in an emphatic manner, to express my great gratification at the inauguration of this line of thought in our Association. But for the fact that through some sort of mentality or spirituality, my friend, Dr. Callender stole my speech, I should have expressed my views more at length upon this subject. It is, however, a line of thought to which, for fifteen years or longer I have been more or less directing my attention. For fifteen years I have been making an effort, in our small hospital, to have a daily communication, either verbal or written, with every attendant in the house. Our custom has been at a certain hour in the evening, immediately after supper, to assemble in the superintendent's office the medical officers, the steward and matron. The steward, acting as secretary of this council, reads a written report from every attendant in the house, relative to the transactions of the day among the patients over whom he has had supervision. This embraces, not only the occurrences of importance, but every manifestation of a peculiar character that has transpired or exhibited itself upon the part of every patient under their care through that day, so that in this way we have had a sort of training school. In addition to this we occasionally assemble them together and talk about the rules of the institution. But though the views advanced here, and the opinion expressed here that in a very short time, not far in the future, there will be a regular organized system of teaching, is prophecy to-day, I believe it will soon be history. I desire to emphasize what every medical man here must realize, the fact that the moral treatment of the insane, as it is generally known, is paramount to every other treatment, and a necessary aid to what may be called the medical treatment. And if that be true, and I believe nobody denies it, then the instruction of those attendants who are, as Dr. Callender

expresses it so gracefully, the immediate connecting link between the attendants and the medical officers, is as important as the medical training of physicians in this work, and their advancement from that status which existed many years ago, as long ago, Mr. President, as when you were a boy, which you know has been a long while. We all know that in the early part of this century the qualifications of medical officers were not very high; they were not required to be very high. Now the importance of professional nurses is as great as the importance of professional medical officers, and I think that not far in the future this will be realized. The great trouble that I have had, and a trouble which has been alluded to by other gentlemen, is in getting sufficient appropriations to make inducements—to hold out rewards to secure the best class of attendants. As several of you may remember, I have in many of my annual reports, urged upon our General Assemblies the fact, that those who are to deal with the unfortunate insane, should be at least as well qualified for their duties, and should be persons of as high character and attainments, to say the least of it, as those who are called upon to act as guards in our penitentiaries. But they pay the guards better prices than they do those whose duty it is to perform those delicate attentions to the insane. All this arises from a want of public appreciation, and sooner or later I hope that in these matters the public will be properly educated, and before taking my seat I desire to express my great gratification at the inauguration of several new questions at this meeting of the Association. I believe this Association meeting inaugurates a new era, and largely atones for the absence of our leaders. I believe the introduction of that great question—I may not perhaps say the introduction, but the further consideration of that subject, inaugurated by Dr. Pratt, is destined to be of as much practical importance, as great a question of political economy, and one affecting the material prosperity of the country, as any question which has been introduced at any time in this country, either here or elsewhere.

Dr. Hill. I would embrace this opportunity to thank Dr. Granger and Dr. Tuttle for their descriptions of training schools for attendants, and congratulate them on the success already secured, and in the same connection I would express my gratitude to others present for the valuable hints which I have received from their remarks. I have in different ways tried to accomplish some good for the patients committed to my care, especially those who were susceptible of cure by classification rather than by training

my nurses and attendants. Of course in a State institution where there are twenty or twenty-five different wards, I have been able to classify my patients by putting the chronic cases on the upper floors, and the feeble cases on the first floor, making the middle ward on the first wing an infirmary ward, and then, by placing on one ward of each wing my most successful attendants at giving moral treatment, I secure very good results.

Dr. PRATT. I would like to add one word. The attendant has been called "the eye, the ear and the hand," and we know what this means; they are to an extent the executive extension. There is an additional idea which has been more or less clearly brought out here which seems to have lacked definite expression. In the moral treatment of insanity, if you have a proper attendant, he is not only the ear, the eye and the hand, but he is the *medicine* as well. In this moral treatment we do not depend so much upon the manual labor of an attendant as upon his intellectual and moral influence upon the patient; on this rather than medicine you put your main reliance. I think if this idea is brought properly before the intelligent people of our several States, they will authorize us to pay a salary which will recognize and keep for our use the natural fitness of men and women for these duties or their acquired ability as the result of training. I used to remark when a military surgeon that good nurses were like poets; they were born, not made; you will find men who seem to know intuitively how to care for the sick or the insane, just as you will find others who are ignorant and who remain ignorant of the first principles of nursing. I think we should do all in our power to induce legislators and boards to warrant us in paying such wages as will retain valuable nurses of either sex, when found; they are scarce enough among men. They are very valuable when we get them.

Dr. Granger, in closing the discussion, said:

Dr. Hurd has given me too much credit, and his own modesty compelled him to neglect to state the valuable services given by his brother who is the Second Assistant in the Buffalo Asylum. Dr. Arthur Hurd gave all the instruction to the graduated class, in general nursing and emergencies. Dr. Hurd omitted the name of Dr. Andrews who has advised and helped the school from the first. Except for that help and encouragement the school would not have lived to become a success.

In reply to Dr. Wilkins, who suggests that there is less work to do in a small asylum, and, therefore, a training school can be

established at Buffalo, and not as easily in a larger institution, I would say we had all we wanted to do before we begun the school, and never found much time for idleness. As the work goes on and attendants become well trained, the labors of the physician are lessened, because the attendants are able to do many things which before had to be attended to by the physician. For instance, there are at the present time five women requiring to be fed with a tube. Four of these women are fed by attendants that have graduated. Although the asylum at Buffalo is small, having a population of about three hundred and seventy-five, there are admitted and discharged a larger per cent than at any asylum in this country, and with but one exception in England. Last year over ninety per cent of the men patients were new admissions, and eighty-five per cent of all. This year we shall admit not less than three hundred, nor more than three hundred and fifty, and we shall discharge as many. The care of so many new and acute cases falls upon a small staff. It must not be thought that we had time unemployed before we begun work in the training school. The time we give to the instruction is largely taken from hours that belong to our leisure.

Gentlemen who have spoken, while commending most heartily the establishment of schools, seem to see great obstacles in the the way. These, I think, they exaggerate altogether too much. Like all other difficulties, they will disappear in the face of earnest efforts made to overcome them. I would advise, unless everything is ready for the formal establishment of a school, to begin in a small way. Call the attendants together to give them a few lectures on the rules; then, quietly extend the instructions and give lectures in physiology, anatomy and hygiene. Perhaps at first it would be well not to require attendance. Soon you will have a training school on your hands, and the authorities that rule over the asylum must take notice of it, and either sustain it or let it die for want of support. But if a school can not be established much can be done in a less formal way to give instruction.

The instruction, to be of use, *must* be made interesting and practical. It is a somewhat difficult task for the instructor to acquire the ability to teach attendants. It requires practice and study to make the lectures at once simple and interesting, and at the same time practical, instructive and sufficiently comprehensive. It requires practice to teach them in the recitation room; to be able to train and drill minds not accustomed to study, and which are often rude and sometimes dull. Carefully going over a subject

until it is learned and understood, by both lectures and recitations, is necessary, if the attendants are to learn and profit from the instruction. Holding their attention, stimulating those who desire to learn, encouraging those that are discouraged, patient with those that plod, will in the end reap a rich return, and bring from the attendants warm expressions of appreciation for your labors.

Having once learned the art of lecturing to and teaching attendants, the work is easy and pleasant, and you will soon learn to appreciate the truth of the statement made in the paper, that any person *fit* to be an attendant, and who can read and write, can, if he will study, learn everything taught in a training school.

I would therefore earnestly urge that you shall not be deterred by thinking of the difficulties attending the establishment of a school, but, considering its advantages, you will overcome obstacles, and show your belief by securing success.

Dr. GRISSOM. Dr. Granger has made a statement that attracted my attention. He said a large percentage of patients in the Buffalo Asylum had been changed during the year. I would like to know how this is done—how the changes can be legally made.

Dr. GRANGER. We changed last year about 85 per cent of our patients. This year we shall change nearly or quite 100 per cent of the men. It is regulated by the law of the State. There are four State institutions for the care of the acute insane, and two for the care of the chronic. Many of the counties furnish proper provision for their chronic insane, and are allowed to care for them. For instance, Erie county, in which Buffalo is situated, has an asylum with 350 inmates. Many patients are brought to the Buffalo Asylum that are chronic, incurable, and who offer little hope of improvement. They may remain with us but a few months, and are then sent to a State asylum for the chronic insane, or to a county institution. Others who offer hope of recovery or improvement, so as to return home, may remain two, three or even four years in the Asylum. The law of the State puts it upon the superintendent of the asylum to decide who shall be discharged to the chronic asylum, and what patients shall remain for treatment.

Dr. HILL. I would like to ask Dr. Granger if there is any law to determine who is to be sent to the chronic and who to the curable hospitals?

Dr. GRANGER. There is no law. The poor authorities make some distinction, but mostly all cases are brought to the curable hospitals, and it is left to the authorities to sift out those that

should remain, and send away those that can not be benefited by the treatment.

Dr. HURD. I wish to make a motion, Mr. President, that when we adjourn this noon we adjourn to meet this evening, and that the topic for discussion be the new departures of the Association. I should like very much to have a discussion upon the propriety of open doors in asylums; the propriety of female nurses in the male department of an asylum; the propriety of sending out patients on parole; and the success which has marked the efforts of many superintendents to do away with restraint. There are a number of these topics which it would be extremely profitable to consider. I would move that we adjourn until this evening, and that the order of business at the evening session be the consideration of these topics.

Dr. GRISSOM. I will second the motion, but I doubt if it is advisable that the discussion should have so wide a range.

Dr. HURD. I will modify the motion, and move that the subject for this evening's discussion be the propriety of open doors in any of the wards of an asylum, and in connection with that the question of parole to patients can be discussed; which was agreed to.

Dr. EVERTS, President. Gentlemen of the Association—I have been particularly gratified with the course that has been pursued, and the general approbation given to Dr. Granger's paper, gratified for more than one reason, but more especially because of the evidence of the spirit of progress that has been manifested so generally by the members of the Association. The tendency of all such bodies as this is to grow old, as is evidenced by the grey hairs that we see around us, and the tendency of age is towards retrogression as we all know. I hope never to grow so old as to go backwards myself. But I am perfectly gratified by the fact that this day's proceedings are a vindication of the wisdom of our action last year, for which I take some credit to myself, of introducing into this body this new element, that of assistant physicians of our hospitals for the insane. I think that the vindication is complete; and I wish to express my personal gratification to the assistant physicians who have met with us this year.

Dr. Foster Pratt introduced the Rev. Father O'Brien, a member of the State Board of Charities and Corrections of the State of Michigan, who was invited to participate in the proceedings of the Association.

Dr. Chenault announced that through some misunderstanding the race which had been arranged for Wednesday afternoon would not take place, and announced that the Association would leave for Ashland at 2.30 P. M., to visit Major McDowell's Stock Farm and the Treacy Stud Farm.

The President announced the receipt at this moment of a telegram announcing the death on the day previous of Dr. George C. Catlett, Superintendent of the State Asylum, St. Joseph, Missouri, and on motion of Dr. Grissom the Association adjourned immediately, as a mark of respect to the memory of the deceased member.

The Association was called to order at 7.30 P. M., by the President, Dr. Everts.

Dr. PALMER. Mr. President, I rise in behalf of the Michigan delegation to give a cordial invitation to this Association to meet in Detroit at its next annual meeting. I do this not to embarrass the committee on Time and Place but rather to aid them. The Association has never met in Michigan and we now feel that we should like to have the next meeting or the one following in Detroit, and I hope that the matter will be carefully considered.

Motion referred to committee on Time and Place of Next Meeting.

Mr. VINTON. Mr. President—I would say in behalf of the city of Detroit that we would be very glad indeed to have the Association meet with us. We have very good hotel accomodations, excellent opportunities for excursions; there is no finer river in the world than the Detroit and St. Clair rivers, and excursions occur daily during the summer. The National associations that have met with us, have gone away feeling very happy with their welcome in Detroit. The delegation is unanimous in extending this invitation.

Father O'BRIEN. Mr. President—in behalf of the Michigan State Board of Charities and Corrections I also beg leave to join with the gentlemen in seconding this invitation. Detroit is our pride and we shall have great satisfaction in your coming.

Dr. Everts, President, announced the hour for the discussion of Dr. Hurd's resolution, and called upon Dr. Hurd.

Dr. HURD. Mr. President and Members of the Association—I regret that a more able conductor of the discussion has not been named, but I suppose it will only be necessary for me to suggest certain topics to be discussed in an informal way this evening. The topic which had occurred to me as deserving first consideration is the matter of open doors in connection with asylums. A good many of the different superintendents of the country have been trying the system of open doors—not universally, but certain open wards for certain classes of patients. Others have tried a system of parole in lieu of open doors. My object in suggesting the topic was to find out the individual experience of different superintendents. A number of years ago, when I was at Lenzie at Dr. Rutherford's institution, I found every door unlocked, and patients allowed to come and go under the supervision of attendants very much as they pleased. At that time my impressions of the system were unfavorable. I inquired whether accidents had occurred in consequence of open doors, and learned from Dr. Rutherford that such was the case. Two men, he said, had taken advantage of the open doors during the previous year, and had been killed upon the railroad track, but they might have got out if the door had not been open. For my own part I have been opposed to the open door system. During the past two years, however, I have had occasion to try it with a selected class of patients, and my prejudices against it have in a measure disappeared. There are, however, many superintendents here who have tried it to a very much greater extent than I, and I shall be glad to have their experience.

Dr. CALLENDER. Mr. President—I have nothing particular to say upon this subject, as Dr. Hurd has asked for those superintendents who have had experience with the open-door system, and I can not say that I have. I would prefer to hear from those having had experience in the system of open doors for selected patients.

Dr. HILL. I have not had open doors as a system or general rule, but generally have a few wards with open doors during the summer, and I find that they are bad wards; they are not advantageous wards for convalescing patients, especially men. One of the objections, it seems to me, to open doors and to paroling

patients, is that it makes loafers of them. They roam around the farm and watch those who are trying to do work. The very best ward in the hospital is not one with open doors, and I very seldom put a patient, who promises recovery, on the wards that have open doors, because I think it much better for this class to be occupied with work, and methodical in the way of spending their time, than to be strolling about the campus in an idle, listless manner. I think that nothing more thoroughly qualifies a patient to go home than to get him in the habit of systematic occupation.

Dr. PALMER. Mr. President—We have at Kalamazoo, at the present time, eight wards with open doors. They are all convalescent wards. Two or three are occupied by the demented class of patients, though a few, perhaps, may not be regarded as demented, being epileptics, and we have found the experiment a very good one, and are much gratified with the results.

I might say, in the first place, that a few years ago we had no open doors at Kalamazoo; we did not even take exercise on the Sabbath as on other days. That seemed to be very gratifying and beneficial to the patients and we encouraged it. The next step was we permitted a few of the convalescent patients to walk out without an attendant. The rule was that three patients should go together, the idea being that in case one should be taken suddenly ill the one should remain to care for him and the other go back to the asylum to report the trouble. We also found that a gratifying and beneficial change for the patients; they informed us that it seemed more like being at home to be permitted to go out by themselves without an attendant; they did not feel as though they were restricted so much; the idea of prison life was removed, and so on.

After that we permitted the convalescent ward on the female side to be left open, and patients were permitted to go in and out as they saw fit. No accident has happened from the open doors. Finding the experiment successful we extended the system to other wards.

Dr. EVERTS. What do you mean exactly by open door wards?

Dr. PALMER. The outer door is open and permits the patient to go out and in as he sees fit, under certain regulations.

Dr. EVERTS. Night and day?

Dr. PALMER. No, only in the daytime. The patients are not to go to town. They are permitted to go part way. The attendants do not go with these patients nor do the patients ask special permission, but go out when they see fit. Finally we permitted a

disturbed ward to be open. Of course on this ward we studied the character of the patients and did not permit the suicidal to be on this ward. In this way we have gone on until we now have seven wards with open doors.

Now, I might say that our idea in this is to stimulate self-control. If we trust our patients we find it has a tendency to stimulate their self-control. Now in our most disturbed wards of late we have permitted the doors between them to be left open, so that starting at one end of the wing we can go right straight through without unlocking any doors. Now on these wards the patients are very much disturbed, but they are instructed by the attendants that they must not leave their wards and go visiting unless they get permission. The idea in this is to teach them self-control on the wards, but in a limited sense. Now I shall soon direct that on these wards that have the doors open between them have the outside doors left open.

For the last few years we have been removing all the settees from the wards—those settees that are familiar to most of the gentlemen that have been connected with institutions. These were heavy; they were not easy or comfortable, and they suggested restraint. Now you put these patients on wards with these settees and the tendency is to awaken at once in their minds a sort of rebellious spirit. They say, these settees are put here because we do not exercise self-control; they do not expect we can break these; they do not trust us at all; we won't try to exercise self-control. So we have had them removed and we have substituted for them comfortable rocking chairs, and I think I can see great benefit from that step.

I was led to take this course by the request of some of the patients and some of the attendants. Many of our attendants have said to me, "Doctor, can't these settees be removed? They are not pleasant to see, and the patients do not like them." And I said, "yes, we will remove them," and I did so. As a consequence, the wards do not present that characteristic feature of asylum wards that they used to, and I believe the patients are better for the change. I might say in this connection that we have endeavored to remove restraints in every form. We have taken down all of our airing courts; we haven't one about the institution, and I believe that if any superintendent here who may have these courts will take them down they will see that the effects would be very good indeed. An airing court is not indeed for any classification. If you have airing courts the attendants feel at

once that they are not called upon to watch their patients or care for them, and the patients soon become careless and often degraded in their habits. I think it a desirable thing to do away with every thing of this kind.

Dr. MILLER. Mr. President—Seven years ago, after the classification of the patients at the upper asylum, I removed all the screens from the seventh male ward and allowed the three outside doors to remain open during the entire day. Nearly or quite all of the patients, numbering fifty on that ward were workers, on the farm, the garden, in the laundry, or kitchen, or elsewhere. Some time afterwards I removed the screens and left the doors unlocked on the seventh female ward, containing an average of 48 patients, and on those two wards when the patients are not engaged in work they have the same privilege of going out of the house and over the grounds that the employés have. Many of these patients take the liberty of going to Cincinnati and returning. Some time after this I removed all the screens from three wards. The last screens removed were from the fourth male ward, with an average of 41 patients. Now these patients seldom leave the grounds without reporting before going; in a few instances they have, but I remember only one man who ran away whom we did not hear of afterwards. Those who go to town without an attendant invariably return to the hospital before supper. On the two working wards, the seventh wards, when vacancies occur, I keep the ward filled from the convalescent patients. Possibly as many patients are discharged recovered from those wards as any other two wards in the asylum. Out of my daily average, now 721 patients, 475 of them work, either on the ward, in the laundry, sewing-room, kitchen, on the farm, about the barn, garden or grounds, and if we were not so crowded, if I could reduce the number of patients to 20 or 25 with two attendants, I believe I could remove the screens from one-half of the asylum wards without any damage. There are patients who I do not think would be much benefited by giving them too much liberty. But in this case, where we average twenty patients to one attendant, and where the wards are already so full as bedsteads can be placed, I can not put an additional number on these wards. When our additions are completed I expect to put them up without screens. I expect to do as much as I possibly can upon the subject of freedom for all patients who have got sufficient knowledge and sense of justice to avail themselves of it and return at the time agreed upon.

Dr. POWELL. Mr. President—For many years, perhaps twenty,

we have had a number of wards that we kept open. Upon our convalescent ward the patients go out and in at will, but it is a class of patients that we can not get to work, usually doctors, lawyers and ministers. I have believed it a hard matter to get these people to work, especially the lawyers. It is however, true, that we can not have open wards on the female side of the house; on the female side no patient ever leaves her ward without a nurse, but we extend to all our patients all liberty compatible with their condition, and it has never been found detrimental, but on the contrary, quite beneficial. We have never had a crib bed in the institution; not for twenty years at least, and I do not think that my predecessor ever had a crib bed in the institution. Occasionally we have used a camisole for patients laboring under certain delusions in which they desired to pluck out the right eye, or pluck out the tongue. We used the camisole in this way many years back, and I would not hesitate to use it now if I thought it necessary. As to going out, our patients may go out night or day, but they are never to go to the railway depots or to Milledgeville without special permission. They usually come out after tea and remain about the center building, engage in cards and games of various kinds, and for our convalescent patients we have no regular time for retiring; they may go to bed at any time between ten and eleven, and many sit up later than that. We give them all the liberty possible in that respect, and I am fully satisfied that the more liberty we extend to our patients the better it is for them.

Dr. Everts. What proportion of your patients go in and out at pleasure?

Dr. Powell. The doors of all of our wards are not open, but there is not a ward where the patients do not go out at will. On the wards that have no open doors the patient rings a bell and the attendant lets her out. I suppose we have 150 that go out, aside from those who work out. Those patients suffering from recurrent mania or circular mania we permit to go out during their lucid intervals, and when we see any symptoms of returning insanity they are returned to the ward. But we allow no one to go down to the depots without permission, though many of our patients are allowed to go to church on Sunday unattended. We have very little restraint, very little. I might say in this connection that we have had an occasional escape, but not near so many from that class of patients who were permitted to go out unattended as from the building.

Now I don't know that I exactly understand what Dr. Miller meant by screens.

Dr. MILLER. Iron bars upon the windows.

Dr. POWELL. We have never taken down any of these. I do not see the necessity for it. We have our screens made exactly like the window, and no one unfamiliar with the building would know that there was an iron screen there. It is a sash exactly like the lower sash of the window. While receiving patients so constantly I would be afraid to remove these, because we are frequently quite crowded and not always having a vacancy upon a ward where they should be placed, we are under the necessity of putting them in any hall, and we can not consequently classify them; and as a precaution we left these screens on; have not thought it advisable to remove them. We have never had any stationary chairs. We have never used benches except in the front yard. In many of our wards we have knives and forks; in some few we have none. I think that in perhaps eighteen years we have had two suicides, and these did not occur from the liberty extended to patients going out.

Dr. GRISSOM. Mr. President—Having just come in I would prefer to waive my right to be heard at this time, but I would remark in this connection that the custom in the institution with which I am connected is to give the largest liberty, the largest freedom compatible with what we consider the safety of the individual patient. My experience has been, not having had a large number of patients under my care at any one time, that each patient is a law unto himself to a very great extent, but must be governed according to the particular characteristics and temperament of the class of patients to which he belongs. Our custom is to give them the largest freedom compatible with safety, to encourage them to the greatest extent commensurate with their strength and their inclinations to various kinds of work; this course I have had no reason to regret. During the past thirty years, embracing the term of my predecessor and myself, we have had but one homicide and no suicides. The extension of liberty and freedom we are constantly increasing every year. In this connection, inasmuch as restraint has been alluded to, I would say that we have used mechanical restraint. There are cases within my experience and observation in which some restraint is an actual mercy to the patient, and I have used it; not as mechanical restraint, but as mechanical protection. These cases, however, I am glad to say, are rare with us. There are cases, as I have said, that have fallen under my observation in which, I think, it would be the greatest cruelty to the patient and to those by whom he is

surrounded not to throw around him that protection which his condition demands.

Dr. RICHARDSON. Mr. President—Ten years ago last March, when I went to the Athens Asylum, under Dr. Gundry, I was instructed that in the moral treatment of the insane the principle which was most important, and should govern, was, that we should attempt in all our efforts to recover for the patient his self-control, to bring it back to a normal standard by utilizing what of self-control he had remaining. That has been my principle of action in anything that I have done in what might be called the moral treatment of the insane. In 1876 we removed the last pair of sleeves from a patient who was in the habit of denuding himself every few minutes, and since that time, except for a short time when the administration was changed, there has been no mechanical appliance used at that institution. I can not help but think from my experience that this has been of decided benefit. Of course I only speak of my own experience, and I have no fault to find with anybody who thinks differently.

Dr. GRISSOM. Do you have any solitary confinement?

Dr. RICHARDSON. Last year the amount of solitary confinement was 856 hours for an average of 630 patients. Some 230 was in the case of one epileptic female who was secluded during her paroxysms of epileptic mania. In 1877, Dr. Rutter being then in charge of the institution, we unlocked two wards that accommodated twenty-five patients each; one male and one female. The doors were unlocked at six in the morning, and remained unlocked until eight in the evening. These patients were allowed to go and come at will, being restricted simply to the grounds about the institution, and if they desired to go further it was necessary for them to secure a special permission. Within the last five years, since I have had charge of the institution we have extended this open door privilege to five wards, with an average of 125 patients in them, out of a total of 630. I have never known an accident to result from the open door system. On the contrary, I think it has undoubtedly been beneficial. I believe that it is not beneficial to all individuals among the insane. To some it is demoralizing; to others it is a very great encouragement. In this connection it seems to me there is one other principle in the treatment of the insane in institutions, which ought to be kept prominently before us; that is, that the insane have a very decided, though changed individuality, and each case should be studied separately and on its own particular merits. Now, of

course we all agree with that, and yet the tendency of institution treatment is to view the insane as a class and not as individuals. It is our custom whenever a patient comes to the institution to attempt to gain as much information as we can from those who bring him as to the peculiar characteristics of the case. If the friends accompany the patient, and are intelligent, we can frequently ascertain such a condition of affairs as will permit us to place the patient immediately upon an open ward; I do not say this happens frequently, but it has been done in a number of cases and with very good results. I remember a case which came to us six weeks ago, (and is now almost in a condition to go home,) of a very nervous, emotional, overworked wife, who had had all the responsibility of the family thrown upon her by the absence of her husband in his occupation. She needed rest above everything else, and by putting her in this open ward she was virtually placed under no more restrictions in the way of what might be called imprisonment or restraint, than she would have had in any general hospital. From the first day she has improved, and without any feeling of humiliation because of restriction of her personal liberty. Now I can not but think that that kind of a case is benefited by having a ward or a cottage or an apartment where her personal liberty will not be unduly restricted. In addition to the number that we have in these unlocked wards, we extend the privilege of parole to an average total of 180 patients out of 630 in the institution. The number varies from 175 to 200. We have an average of about fifteen males and twenty-five to thirty females, who from their physical condition are unable to take out-door exercise. All others are given out-door exercise every day whenever the weather is suitable. Four years ago I came to the conclusion that the use of airing courts was certainly demoralizing in some respects. I do not think I have ever seen a better illustration of what Bedlam was than when we turned about two hundred of our female patients into one of these courts. The wall was high, and the attendants inferred that it was put there to keep the patients from running away, and that consequently it was not necessary for them to watch them closely, and they did not, and once in a while a patient would get upon the shoulders of another patient and get away. In our disturbed wards we have three attendants. Our rule is to require two of them to go with the patients and walk about whenever it is found best to do so, or sit under the shade of the trees, and in the last six months we have had but three elopements; and one of these has returned,

the other reached home, and the third one went away just a few days before I left home. Neither one of these had been granted the privilege of parole. We have an occasional suicide.

Dr. EVERTS. Will you describe, Doctor, what you mean by parole?

Dr. RICHARDSON. I mean the privilege of going about the grounds without being accompanied by an attendant.

Dr. EVERTS. Parole sometimes means that the patients are sent to their homes.

Dr. RICHARDSON. I should explain that. Parole with us does not mean that all patients are given the same amount of liberty. Those in the open wards can go and come at will, usually, but there are certain females, even in the open wards, who are not permitted to go out except in company with another patient, and there are certain others in the locked wards who are not permitted to go out except when accompanied by another patient. In addition to this I have found that in the locked wards a great many patients can be sent out to do work or errands about the institution, who would run away if given the privilege of going out by themselves. There is one man who did run away from us once, but since his return we have been sending him out with the refuse from the table, and have been making this his daily duty, and when he was asked, not long ago, why he did not run away, he said he had to bring the pail back and it was therefore necessary for him to return. I believe that one of the secrets in treatment, as far as moral treatment is concerned, is to have confidence in your patient. It is my experience as a superintendent, though a young man, and having been but ten years in the specialty, that when you get a promise from an insane person, he has to be very much beyond self-control if he does not make an effort to keep it. Treating every individual with this kindness, ascertaining his amount of self-control, getting a promise from the individual, trusting him to a certain extent, and gradually increasing his liberties, I am convinced will add to our success, and the sooner you can safely get an insane person's surroundings near to that of a sane person, the better fitted he will be to go back to the life of a sane individual. I confess that occasionally in our open wards we get a patient who will not work, but he is not permitted much liberty unless he agrees to do some certain stated work, and he is told that this is one of the rules of the institution. We designate some of them to scrub particular rooms, some of them to carry water, and some to assist the chambermaids or to do other work

for which they are better fitted. Some assist in the laundry, some in the ironing-room and about the mangle. We have an average of from 175 to 200, out of 630, employed outside of the wards, in addition to about 225 that assist at ward work. Now we have certainly found that all of these methods have a very decided benefit. I do not mean to say that we have any more recoveries that we classify as recoveries, but these changes have made our institution more homelike and cheerful, and it has certainly made our patients more contented. One other thing while I am up, (and I ask pardon for remaining up so long) I believe that solitary confinement, as Dr. Grissom speaks of it, is about as injurious if kept up systematically, as any other method that can possibly be used. I have seen patients kept in solitary confinement for years who were unquestionably made what might be called wild animals by it. When I first went to the institution at Athens there were two patients who had been locked up in rooms for two years To-day one has been home for eighteen months, and is getting along there comfortably, and the other has been removed to an infirmary, incurable but harmless. They were as much wild animals before an effort was made to get them out, as it was possible for them to be. There is one element in the care of patients of that kind that I would like to emphasize, that is, that it can not be accomplished by unmitigated kindness; there must be a combination of firmness with kindness. We had an illustration of that not long ago, in a female, who had been confined for a long while. When I first went to her room she flew at me like a tigress, and it took the combined efforts of myself and three attendants to hold her three-fourths of an hour, with her head on the floor and her back down; she struggled and swore and used the vilest language, spat in my face and was terribly violent, but we simply held her there until she quit struggling, when we fed her and dressed her, talking to her in the meantime, telling her it was necessary to do this for her, and in other ways trying to argue with her and explain the reasons for our action; that we wanted to get her among the other patients; that we were doing this for her own good; that we wanted her to enjoy life a little better than she had hitherto done. We dressed her up and brought her out, and she sat very quietly where we placed her, but she was very sullen; would not answer questions or speak to any one. About four o'clock she suddenly sprang at one of the attendants, but all necessary precautions had been taken; there were extra attendants on the ward; they simply caught her and laid her down on the floor for about half an hour.

Finally she quit struggling and said she would get up. The next morning I went in and asked her to get up and she immediately got up, dressed herself and came upon the ward. That day she went along very nicely until afternoon, when she made another attack upon the attendants, but by the same holding for ten minutes was ready to quit. That was four months ago, and since that time we have not had anything like an outburst of violence or indication of violence on the part of that patient. I went into the ward the other day and found her holding the head of another patient and feeding her patiently, urging her to eat, the patient being a case of acute mania. I have frequently seen her holding the hands of acutely maniacal patients, whom it was necessary to hold to keep them from wandering, or running about the ward too much and exhausting themselves. When walking parties go out they always put one patient who is inclined to run away in this woman's charge. There has been a wonderful transformation of character in that individual; the attendants say she has become one of the most obedient and pleasant dispositions they have to deal with. I can't say how long that will continue, but every day shows a development of new traits in her character, and every day leads us to think she is a changed individual. Now, unmitigated kindness and indulgence of her desires would not have accomplished this, but this rational treatment, reasoning with her, explaining what we wanted, combined with the necessary exercise of power, showing her that she is powerless herself, has enabled us to make, it seems to me, an entirely different individual of her.

Dr. EVERTS. What became of that man from whom you took the sleeves for the last time?

Dr. RICHARDSON. There has been a gradual education of that individual. He was confined in one room in an infirmary for over fifteen years and never wore a suit of clothes. He was the last person from whom we removed the sleeves. I have seen him with sleeves on in this way (indicating) get his pants loose and get the other side in front; how he did it I could not say. After we took the sleeves off of him he would strip himself twenty times and more a day, but by keeping him under watch, by keeping an attendant in his immediate neighborhood we succeeded after a while in getting him to wear pants and other clothing and he now wears all of his clothing, and I saw him the other day tying his shoe as carefully as any of us would; he takes his exercise regularly and for five years we have not put on any restraint. There has been a gradual education of this patient in the wearing of clothing.

As to patients escaping when given the privilege of parole. I have frequently put patients in these open wards who would take advantage of the privilege and go away from the institution. After they were brought back I would say to them: "Now you left us and we sent and brought you back. Now I shall give you this privilege again if you will promise not to go away; you have had a long tramp for nothing." I have done this a number of times and the results have been uniformly good.

Dr. BLAND. Do you extend furloughs?

Dr. RICHARDSON. We let all of our patients go on furlough. We have no law that gives the superintendent power to send a patient away from the institution except to discharge him, but to save expense I have let patients go on thirty days' furlough and then if they are getting on well the probation is extended another thirty days, and they may be returned in that time without any legal proceeding. We have found that works very well, but we have told the friends taking them out that they must assume the responsibility.

Dr. BROWN. Mr. President—I have only a word to say upon the question. We have no open door wards in the Indiana Hospital at present. Two years ago there was an open ward established in the department for women but for some cause it did not work satisfactorily and was closed. The fault was perhaps in classification. We have, however, I might say, about one-half of our women on parole; that is from all the wards; and we have had no accidents or escapes so far. We take a precaution, however; we have a day watch on the grounds who has supervision over those who are out, and are to see that they do not leave the grounds. They usually come in at meal times, however, and do not go out after tea. But I think that with proper classification we can have open wards. The trouble with us, however, is that we are so crowded that we can not get a proper classification. The change, the transfers, the movement of the population is such that we have thirty or forty patients in a ward and in our hospital where we receive so many acute cases, this does not do very well.

Dr. GRANGER. There are a few questions I would like to ask these gentlemen. One is in regard to the mingling of sexes outside; if they are allowed to meet, talk and be with one another, and how you prevent it. I would also like to ask in regard to open wards those that are open from 6 A. M. to 8 P. M.; if the patients, unless sick, ever see a medical officer, and how often; how much care is given them by the attendants; if the patients daily do useful

work for the institution and for themselves; if it is something which enforces discipline and self-control; if in a systematic manner medical supervision and attendants' care is daily brought to bear upon them, so that they have the benefit of the immediate influence of sane minds, regulating, restraining and directing them. It seems to me that with unlimited parole, some of these means of treatment might be neglected, and I desire information upon these important matters.

Dr. RICHARDSON. We give them something that will employ a part of their time. In regard to the mingling of the sexes I have never known an accident to occur in ten years from that cause; we simply get a promise from each patient that he will deport himself properly outside. I never make any restrictions.

Dr. GRANGER. We have, at the Buffalo Asylum, about thirty per cent of all patients on parole, and have had for nearly three years. It is a small receiving asylum, with a rapidly changing population. The wards are large, with only five for the men, and six for the women. For an asylum such as this, parole seems better than open doors. Did we have open doors, I think a number of patients that now enjoy the quietest wards would have to be kept on wards less suitable and pleasant for them. Two years ago the first men's ward had, for awhile, open doors, but it led to a good deal of loafing, and some misbehavior and violation of trusts, and in consequence the doors were closed, and the parole system again enforced. It is our custom to make a list every week, and the privilege is given to as many patients as possible, especially to those who ask for it. Some who are on the list refuse to go out except with a party and under an attendant. Patients are on parole from every ward in the asylum. Parole is explained to them to mean that they are placed on their honor not to violate the privileges given them; that the locks, guards and sort of sentinel duty of the attendants is not for them. There is no unlimited parole, but all are expected to observe certain requirements, some of which are general and some adapted to a particular case. The patients are not allowed to be out all day in idleness. Generally some employment, which in itself is beneficial to the patient that helps to promote self-control and regular habits, and prevent loafing, is encouraged and required. Healthful out-of-door exercise is also insisted upon. Many of the men do some regular out-door work both morning and afternoon. All patients are seen daily by the physicians, and a part of the day are under the immediate care and oversight of attendants. Almost unlim-

ited parole seems objectionable, though I am glad it has been reported otherwise by gentlemen here to-night.

Dr. MILLER. In answer to some of Dr. Granger's questions I would say that the male patients never cross to the female side of our building, and the females never cross to the male side of the building. They are as much separated as they could be in any place. So far as the attention of the physician is concerned, they see them every day either once or twice—every patient.

Dr. GRANGER. How can that be if the patients are absent from the wards and allowed to go about as they please?

Dr. MILLER. We have very good rules and regulations, at least we think we have. We think every patient is seen twice a day as carefully as if he were locked up in a room, large or small, with iron grates upon them like a penitentiary. As far as going out is concerned, as I stated, none of our female patients are allowed out without an attendant. As to the male patients being seen they usually come to the office in the center building, and there they meet a physician during that time or during the morning. As to the furloughs, we extend a great many; in our State we have a right to extend a furlough ninety days, and if the family makes a report in that time they are sent back; if not they have a new commitment. We extend these furloughs from time to time, as the family may report to us.

Dr. LONG. I would like to ask one question. As I understood Dr. Hurd, he described the open door system with him as one where the patients come and go without an attendant. But as I understood Dr. Miller he stated his attendants were always out with the patients.

Dr. MILLER. I think you misapprehended me; I said that only of the female patients.

Dr. LONG. That is a point I want to ask you about; if you can not assist in the cure of your female patients as well as with the men by showing them equal confidence?

Dr. RICHARDSON. Dr. Granger asked one question which I think he wanted me to answer, and that is regarding the medical treatment these patients get. We have never found any difficulty in this respect. Of course giving liberty to a patient to leave the ward does not necessarily mean that the patient is to be absent all the time. You will find on all occasions in your open wards patients sitting about, and we have never found it to be the case that a patient needing medical care went without it. The physician inquires of the attendant as to any one requiring his special

attention, and in case of any special sickness the patient is directed to remain in and does so, and we have never found any evil to grow out of this.

Dr. POWELL. I might say that all of our patients are required to be in at meal time, and that if any one is absent he is so reported.

Dr. QUINBY. Mr. President—As many of the members of the Association are aware, our institution is intended principally for chronic cases. Our method of treatment is to give them all the liberty that each individual case will bear. They are sent to our asylum from the other hospitals in the State, never from the general public, but all have passed through the other hospitals of the State, and they are supposed in all cases to be incurable, and in fact the majority of our patients leave the hospital only to die. It is therefore their home for the remainder of their lives when once sent to us, and we try to make it as homelike as it possibly can be made, and make the surroundings as much like their own homes as is possible in each given case. One-third of our wards are open, and the patients on these wards, the majority of them, have liberty to come and go at will.

Of course all the patients can not be treated alike on this point, any more than they can be treated alike in the selected wards. Some are given more liberty than others; some have liberty to come and go about the city; we are right in the city. Others are allowed to go out upon the grounds and come in at will, but all that are capable of working are expected to spend a portion of each day in working. We have some demented patients and some epileptics that it would be unsafe to allow to go even to the yard without having some oversight. Those understand that they can not go out without attendants, and they take exercise only in charge of attendants. All of our open wards are working wards, and the patients come and go to work without any supervision. They go to the laundry, to the farm or to the grounds without any supervision whatever and return at meal time. At night, of course, their doors are locked the same as the other doors in the other part of the house. We long ago did away with our airing courts. When I first went there as an assistant we had the usual airing courts, and the males and females were turned out without any supervision, and this was certainly one of the worst features of the institution. Of late years we have removed all the fences and the grounds are open to the street, the patients who take exercise on these grounds being under the observation of an

attendant. It has become one of the prettiest streets in the city of Worcester. These patients are out upon the grounds, and they are under the supervision of all these passers-by, and I think this has worked admirably upon the patients and the attendants. The attendant feels that he has some responsibility, and we have never had any bad effects from this whatever. Our grounds are so situated that there is no connection between the male and female sides. We have but one exit, so that if an escape is attempted it can be easily prevented. We have had several escapes from our open wards, but they have always come back. I know of a patient who eloped, and after being gone three days, (and one other who was gone two months and another three,) came back and applied for re-admission. So with that class of patients I have only this to say, that these open wards have succeeded admirably, and I have come to feel that the more we trust our patients the more we can trust them. I was very much interested in the remarks of one gentleman in regard to solitary confinement. We had one patient who for a long number of years was confined in a room by herself, and I tried for a long time to devise some means of bettering this condition of things, but was unable to do so. At last I made up my mind that she should come out anyway, and I told the attendants what I wanted; told them that she must come out. She was taken out, and she has improved every day since, and she is to-day as quiet a woman as we have upon our wards. We accomplished this in the same way the Doctor spoke of; not by kindness alone, but combined with firmness. She will now obey any request that we may make, and if she becomes turbulent she will go at our request to her room and remain there without the door being locked.

Dr. Fisher. Mr. President—I have had no experience with unlocked doors and should prefer not to theorize. Our hospital is situated in the city, the grounds are very small and I have not tried open wards. The sexes are not able to be out at the same time on account of lack of ground. I expect, however, in the course of the next six months to have an addition to the hospital in the shape of a farm in the suburbs, seventy-five acres, with buildings for two hundred quiet insane, not necessarily incurable, but quiet and convalescent insane, many of whom will work upon the farm. I shall certainly try the experiment of open wards when I have succeeded in getting that additional establishment. I see no reason why at least one-half the patients in a general hospital should not be allowed the privilege of open wards without any detriment to themselves or others.

Dr. CAMPBELL. I wish to ask in those cases where the privileges of parole are given to patients if it does not breed discontent among the other patients?

Dr. RODES. We have had no experience in our asylums with this system of open doors. We have had two or three wards that we shall make an experiment with and probably be able to make something out of it. The system has never been tried in our hospital at all.

Dr. BLAND. Mr. President—In our hospital we have four wards unlocked every day, and in the other wards the majority of the patients are permitted to go out of doors in the care of an attendant always. The sexes are never permitted to associate on the grounds, and inside the building the male patients are kept on one side of the centre building and the females on the other. We have a farm of 300 acres on which 150 or 200 of our patients work. Besides this some work in the laundry, some in the kitchen and some in the engine house. Our rule is to give largest liberty to the largest number that we think it is safe to do it with.

Dr. WILKINS. Mr. President—I think this matter has been pretty thoroughly discussed. We have no open wards at our asylum and yet we allow the patients as much liberty as we think possible. They go out on the grounds every day, those in a satisfactory condition, and we treat them on the principle of responsibility all the time. We always have attendants on the grounds to prevent the escape of patients, and in addition we exact from the patients a promise that they will not go beyond the limits prescribed. To many of them we give paroles to go wherever they please within certain limits of time. We let some of them out earlier than others, as soon as the breakfast is over and they go alone or in groups of two or three or more and return always at meal time. They make this promise and do not go out except on this condition. Others go upon the grounds. The sexes never mix; the males are on the north side and the females on the south, with an imaginary line between—the centre building; to some we extend the privilege of walking to a point half a mile off, and to some the privilege of walking to the reservoir, but rarely alone. To some of the male as well as the female patients we extend permission to attend church on promise of returning when service is finished. I believe we all recognize that the largest liberty we can give to them the better for them, provided it is compatible with their safety and the safety of the public.

In the moral treatment of insanity, I think we are all agreed,

that occupation, employment and amusements are more necessary even than medicine. We have sometimes to deal with diseases as we have in the ordinary practice of medicine on the outside. If we have a case of fever, of pneumonia or any other disease we must treat it as if we were not treating the insane, but I believe the discipline, the regularity of life and habits, and the regularity of going to bed and getting up at certain times, the fact that they are not permitted to overload their stomachs—all these things have a tendency to aid in bringing them back to health. We desire to make them as happy and as comfortable as we can; that is our accustomed labor; we try to induce our patients to work, and we have a large tract of land, we raise all our vegetables and produce all our own milk, and except for the assistance of the patients we would have to employ a great many more attendants than we do. They help everywhere, and when they have finished the duties assigned them, if they express a desire to go out, they are permitted to do so and remain out until the time assigned for their return.

With regard to the subject of restraint I will say like another Western gentleman here, I have been trying to reduce it to the minimum, but I have found cases, and I have cases now in which it seems to me it would be an unkindness not to use the protection which the restraint gives. My friend from North Carolina has hit the nail on the head when he said this was mechanical protection rather than mechanical restraint.

We have no cribs in our asylum, but on two or three occasions I have almost wished we had. We have a few chairs that we call locked chairs, and in those we place paralytics, cases of senile dementia, who, owing to helplessness, fall off seats of benches or chairs, and injure themselves against doors or against the walls, and in order to obviate the necessity of attendants being with these cases all the time we put them in these chairs, and so keep them from falling to the floor. That is a kind of restraint much dreaded by some, and is such a bugaboo with others, but which is very valuable in this class of cases.

In regard to window guards, my experience has been sad. I have seen in Europe open doors, plate glass windows and all that sort of thing, and the superintendents there told me there was no danger. Now we tried to carry that out in our institution, and the result was that four or five patients jumped out of the windows and broke their necks. I have put in nice neat wire work, which was not ornamental, but which prevented the escape

of the patients and prevented them from breaking the windows from the inside, and I now feel much safer. That is the reason why I use them.

It seems to me that with 1,400 patients there must be many who can not go out without a number of attendants with them. Our airing courts are very large, one acre each, one for the men and one for the women. We have at least three hundred patients walking about the house and around the grounds on a ten acre inclosure inclosed by hedges, and we are promised now two parks, one of twenty-two acres for the men and one of fifteen acres for the women. We expect that when the hedges are grown we shall be able to get all of our patients out of the court yards, and I think to very great advantage. I believe, sir, that one objection which has been raised against open doors by a gentleman on your right, and one which has been spoken of by my friend, Dr. Granger, has much force; that is, that it will create a tendency to loafing, and that it will create dissatisfaction in the minds of the patients who go out to work. They will not feel so much like working if they see others lolling about the grounds. But in regard to the larger liberty given to patients, I do not believe this results in dissatisfaction; I think it encourages these patients to behave better. We will say, "we will let you out if you will behave yourself; all we ask of you is that you return to your ward at the time appointed; we are overcrowded and we want to get rid of you, and the better you behave yourself the sooner that result can be brought about."

With regard to paroles, we practice this very extensively. We give leaves of absence like Dr. Powell for ninety days, and require them to report once a month. They can stay at home if the friends desire, and we pronounce them discharged, and if they bring them back it is at their own expense. It saves a great deal of trouble hunting up witnesses and bringing many of them—as they do in our State, I am sorry to say—in irons. I do not know how it is elsewhere, but the sheriffs in our State have not abandoned that habit of using handcuffs in bringing patients to asylums. In this way we have sometimes had dreadful sores upon the hands and ankles of our patients.

This, Mr. President, covers the ground of my experience in these matters.

Dr. Powell. What employment do you give those who are not in the habit of doing manual labor before coming to the institution—doctors, preachers and lawyers?

Dr. GRISSOM, of North Carolina. You have no preachers in California, have you?

Dr. WILKINS. Well, we have had some; but I believe most of them remain in North Carolina where the sinners are. [Great laughter.] I sometimes get them in the clothes room to copy the names of some of the patients, marking clothes; anything of that kind that they can do; we have not many in the asylum who are not accustomed to labor of some kind.

Dr. WALLACE. My experience with unlocked doors has been rather limited. We have two buildings that are detached from the main building, a cottage in which we have twenty women, and another building in which we have seventy patients where the sexes are equally divided, and these buildings have open doors. I selected from the main building a sufficient number of quiet, mild chronic cases, which I felt I could trust with this liberty. Of course the attendants exercise strict supervision. They do not allow them to go away far, but to all intent and purposes they are free to roam about the grounds. These cottages are situated in a very beautiful grove, and they have, perhaps, fifteen to twenty acres to roam in, and we have seats there where they may sit down. These are patients who are not capable of doing anything in the way of work, except that the women do a little knitting and sewing. The men are not strong enough, or they have not intelligence enough to engage in any farm work or any kind of manual labor with which we occupy patients, and I think that in any large asylum there should at no time be any difficulty in selecting from 150 to 200 patients who could be safely trusted in such cottages as we have there. We have never had an escape or accident of any kind, although the asylum grounds are bordered by a deep ravine; the institution is almost on the very edge of a rocky precipice of two hundred feet. We have never had an accident with that danger right in front of us.

As the subject of restraint has been under discussion also, I may say that in my asylum mechanical restraint is practically abolished. We have had little or no restraint there for six or eight years. We have only one muff in the house, and I think we have three camisoles in the female side and none on the male. For years we have had but one muff on the male side of the house, and I can not tell you how long ago it is since we used that.

Dr. EVERTS. What is the ratio of attendants to patients?

Dr. WALLACE. One to seventeen; not many; still we get on

fairly well, and we have no such thing as seclusion. We have no strong rooms, we have no means of seclusion; we have only the ordinary buildings. No attendant is permitted to restrain a patient in any way without instruction. Most of the refractory patients are found among the women; tearing their clothing, breaking glass, etc., and we have sometimes found the camisole necessary, particularly if the most of the attendants are out with walking parties, etc.; sometimes an attendant will come to the office and say that so-and-so is behaving in such a manner, and we give permission to shut her into a room until the other attendants return, or until the Doctor sees her. On the men's side we have no trouble, and never have to shut them up; never find it necessary. We have two airing courts for each sex, and I must confess that I have not the horror for them that some gentlemen have expressed. I think they are a very nice thing. Besides the patients who are in the cottages we have a number who do not go out to work, and these patients we send to the airing courts. We clear our wards entirely every summer day unless it is raining. As soon as breakfast is over our patients go to work outside, and those who do not work go out in the walking parties or into the airing courts. The attendants in the airing courts are required to use every means in their power to amuse the patients. We have various amusements and games both among the men and the women, and it often does me good to see how many of them amuse themselves. I do not see how we could very well do without them, for it is very desirable to have the wards clear during the whole day.

Dr. Finch. Mr. President—I will be very brief, as it is getting very late. I can only say that unlocked doors have been tried at our place within the last year. We found that it did have a tendency to breed vagrancy or wandering off to a certain extent, but on calling the attention of the patients to this, it was obviated a great deal. Many of the patients show an indisposition to do work, but I find that with a little effort and a little tact we can succeed in inducing them to do something. As to airing courts, I think it gives an asylum an unsightly and prison-like appearance to have them; they cost a great deal of money which might be used to a better purpose. We don't use our airing court now. The larger number of our patients go out on the farm each day, and nearly the entire number go out under the supervision of attendants.

As to restraint, we have none outside of seclusion, and very

little of that at present. I am satisfied that in the institution of which I have charge there has been too much seclusion in the past. I have been making an effort and I have succeeded in keeping out upon the open wards several women who were considered unmanageable in this regard. I found after making an effort in one or two instances I went on the ward and added my presence to the effort that was made to accomplish this, and the attendants became encouraged, and this has gone on until now we have practically no seclusion. I think that for three months we have not had a single case of seclusion. Some of them have been a little troublesome, but we have managed to keep them out on the ward, and each recurrence of violence has seemed to be less and less marked.

In regard to medical attendance, our custom has not been to have the patients go out as early as some gentlemen have suggested; in summer I think it is about half past eight, and we encourage many to remain in and assist in our ward work. All of our people go out except perhaps those that are ill. I remember distinctly that last summer all were out of the building except fifteen that were too feeble to go out. I have tried the plan of walking long distances, both in the forenoon and afternoon, particularly in the afternoon, and the results have been good. These walks produced some fatigue, and I am satisfied that they have had a good influence; that the patients have slept better. I have known them to go eight or ten miles on foot—to Albany and back—and I have gradually extended these walks. As far as unlocked wards are concerned, I propose to be governed by what experience and good common sense will teach me. We have extensive labor parties. We have a large farm, garden and grounds; we have shops, and we find the winter time the worst for the patients, but we try to keep them amused, and we have a large amusement hall for that purpose.

Dr. Pusey. It has grown too late, Mr. President, for me to take up the time of the Association. In our institution I have tried to give the largest liberty possible to my patients. We have seven wards that might be called open door wards, because every morning after breakfast, when the work is done, the doors are opened for the rest of the day. My asylum is made up of a central building, with two wings and five detached buildings, the rear building and detached buildings opening into a yard that will afford to each building about one acre of ground, making twelve or thirteen acres all told, which is enclosed by a paling fence. It is covered with blue grass and pleasant shade

trees, and I have benches and seats there for those patients that are not occupied during the day, and I always have two or three attendants in the yard with them. Our front is large and spacious enough, and we have a large number of patients who occupy these wards every day, but I expect some one of my attendants to know where every patient is, except those that are on individual parole. In our institution we employ in indoor and outdoor work, I should say on an average three hundred patients—about forty or forty-five per cent of our population, and they are not left alone in squads. We have individual laborers, gardeners and farm workers that go at will and whenever we see fit to send them, but we always have some one with them to supervise them, to care for and protect them as well as guard them. We cultivate our garden and the farm of nearly five hundred acres of ground with grass, vegetables, etc., and produce all of our own milk. We have no unlocked doors except as I have indicated, and we have no unguarded windows, and I do not expect to have any, for the reasons alluded to by Dr. Wilkins. The patients, I think, need protection, in that respect as well as in any other; they are liable to fall or jump out of the windows. Except in our old buildings we have small wire guards to the windows and they are not disfiguring; they do not give any prison-like appearance to our institution. I think that upon the whole our patients enjoy as much freedom and are conscious of as little restraint as any average population in an asylum. There is no commingling of the sexes in our institution, except in the amusement hall, and when we have dancing and entertainment they meet there. It is the only place in which they meet or are allowed to meet.

On motion of Dr. Stearns the Association adjourned to 9 A. M., Thursday.

The Association spent Thursday forenoon in an inspection of the wards and grounds of the Eastern Kentucky Asylum. It was called to order at 11.15 A. M., in the chapel of the hospital, by Dr. Everts, the President.

Dr. Palmer, chairman of the Committee on Nomina-

tions, announced the following officers for the ensuing year:

For President, Dr. H. A. Buttolph, of New Jersey; for Vice President, Dr. Eugene Grissom, of North Carolina.

The report of the committee was agreed to unanimously.

Dr. EVERTS. Dr. Grissom, in the absence of Dr. Buttolph it becomes your duty to assume the chair, and it affords me great pleasure to resign it to my old friend.

Dr. GRISSOM. Gentlemen of the Association—To be selected to preside over the deliberations of the oldest medical association upon this continent is a compliment to be appreciated and cherished. Old and hoary as it is, this is not the highest attribute of this Association. It bears upon its banner many a glorious triumph in the cause of charity, science and humanity. Our gratification, to-day, however, is not unmixed. For one I wish, as doubtless you all do, that the distinguished veteran who is absent from necessity, could be present, that he might preside instead of the recipient—the unmeritorious recipient—of your favor. The brilliant triumphs of this Association heretofore, whatever they may have been, can not prevent us from congratulating ourselves, congratulating this Association, upon what may in truth be said to be a new departure in its history: the introduction and the discussion of practical subjects, and the ability with which the discussion upon these subjects has been attended, has been a source of great gratification to me. The new blood that seems to have been infused into it by the addition of younger members, and the assistant physicians of various institutions, gives promise of long life and vitality. But our pleasures are detracted from by the long absence of so many of our distinguished *confrères*, some of whom will never again meet with us on this side of that bourne from which no traveler ever returns. Even while in council the voice of sorrow is heard, a voice from beyond and above that of the Father of Waters, proclaiming that the grim monster has claimed as a victim another one of our members. Five noble spirits within the last year have left us forever, and although a large element of youth and strength and vigor has been introduced into the Association, still I may say without injustice or untruthfulness, that this will hardly compensate for

the loss which we have thus sustained. Each passing season has a lesson for us; the spring with its beautiful flowers, its genial warmth and its rich fertility, when the husbandman goes forth to follow the plough the livelong day, until the setting sun hies him to his rest—fit emblem of the youth and strength of our junior members here with us on this occasion. The summer's harvest will soon be here, pouring, I trust, its fruits into the lap of industry, and God grant that your summer of life may be as rich and full of promise and as well rewarded. But after the summer is over comes the heavy footstep of our autumnal season, which teaches us, as its breath is heard rustling through the leafless trees, the most mournful of all human lessons: *Tu quoque moriture.*

Col. Thomas, President of the Board of Commissioners of the Eastern Kentucky Asylum, then introduced L. B. Todd, member of the Board of Commissioners, who spoke as follows:

Gentlemen of the Association and Ladies—I have been asked to say a word of welcome to you upon this occasion in behalf of the Board of Commissioners whose chairman has done me the honor to present me. Most heartily and most cheerfully do I welcome you one and all to this institution. Twelve months ago a resolution was unanimously adopted by the Board of Commissioners of the Eastern Kentucky Asylum, embodying a request that you should hold your next meeting in our city. That request, couched in courteous but formal phraseology, and presented in suitable terms at Saratoga by our worthy superintendent, Dr. Chenault, we were glad, we were thrice glad to have had you accept. We long desired an opportunity, Mr. President and gentlemen, to assure you of the high and grateful appreciation that was entertained in this community for your life-study and your life-labor, the treatment and the cure of the insane—the noblest pursuit to which the human mind can turn, or in which it can possibly be engaged.

I need not tell you, gentlemen, that this appreciation has been and is becoming heightened and enhanced by the direct and more frequent contact of your labors and success with our communities all over our land. In the treatment of the insane—a class which is rapidly growing, probably owing to the characteristically fast age in which we live, perhaps because of the overstrained nervous and physical condition of our rapidly rushing people—but be it what it may, we recognize more and more the glorious result of

your labors. When our loved ones pass beyond the reach of the physician's skill or the surgeon's art, we call it bowing to the inevitable, but when we see this monster, unreason, attack those we love, when we see reason, imperial reason, totter upon its throne, and they go forth from us and the gates close upon them, the question comes again and again to our minds, who, who shall minister to a mind diseased? Thank God, the answer comes from you, gentlemen, and from your illustrious predecessors, and this answer comes from hundreds of homes throughout our land, made happy by dear ones restored to them in health and clothed in their right minds. Communities all over our land behold you, gentlemen, standing at the open doors of beautiful edifices and lovely cottages, with the appliances of sanitary improvement and architecture, inviting to health by games and amusements, and you tell them that the iron age of restraint has passed away. So much did we learn last night; we tell them that the clanking chains are a thing of the past, and they come forth after a time to be restored to their joyful homes. This is a thank-offering to you, gentlemen. Your work is appreciated by everybody, far and near. And is it any wonder that we wanted you here? Is it any wonder that we come forth now and hail you as our friends, that we greet you as our brothers, and that we now universally welcome you as the common benefactors of all? Remember that the latch-string of every Kentucky home hangs out to you, [applause,] and that Kentucky hearts will ever beat a warm march of welcome for your coming. We do hope you have enjoyed and will enjoy a profitable and pleasant session in our midst, and when you leave us, a safe and happy return to your homes, your duties and your friends; but above all we do wish you and yours for a thousand generations to enjoy the greatest of all earthly blessings, that boon which is your life-work to restore to others—the human reason. May it be yours forever to enjoy; may your barks be safely guided down Time's ever changing stream until they are one and all safely moored in the haven of eternal rest.

Dr. Grissom. Dr. Todd and gentlemen of the Board of Commissioners of the Eastern Kentucky Insane Asylum—The Association receives with great gratification your cordial welcome so gracefully and beautifully tendered, and I but voice the sentiment of this Association when I say that their visit to this institution has been to them a source of uninterrupted pleasure. They find here an institution that has all the evidence of being well-managed, an institution which is creditable to the managers,

creditable to the able superintendent, and to the great State of Kentucky.

The President announced as the next order of business, the reading of a paper by Dr. James D. Munson, on "Hallucinations and Illusions of the Insane."

After the reading of Dr. Munson's paper Dr. McFarland said:

Mr. President—I think the verdict will be unanimous that this is a most excellent paper, and a very valuable contribution to this subject. I remember a case, though I hardly feel like reciting it at this time; cases take so long and are generally unprofitable, but I think the gentlemen may derive some interest from the case I have in mind. The subject was a gentleman of great scientific acquirements, and a member of a family which had been throughout distinguished, especially as naturalists, in the service of the Smithsonian Institute, and who was committed to my care as a patient perhaps twenty years ago. It was a case of simple acute mania and apparently like many others commonly seen. After some five or six months' treatment—I can not remember exactly how long it was—he made a very good recovery. During his stay in the institution he formed very agreeable attachments to its officers; he was remarkably friendly, and after he went to his home he sent contributions of various things in his specialty, flowers and plants to the institution, and we heard from him frequently, and always in terms of the warmest friendship. After a year and a half he was returned to the institution, and when he first came in, the first manifestation of his disease was a most terrible hostility to those persons for whom he had previously had such warm and friendly feelings. It was peculiar in its intensity—the hate expressed in his countenance and actions towards myself and my assistant physicians. We could not approach his presence without exciting an outburst of fury, and for months and months I did not dare to go to his door without being accompanied by some attendant as a matter of self-defense. On one occasion he went out of doors and returned with a piece of wood, carrying it behind him, and approaching my assistant from behind he dealt him a blow on the head which certainly would have fractured his skull if it had been received directly. That was his condition; intense hatred, fiendish, almost, if you can conceive it. After being in

the institution fourteen or fifteen months, I think it was, he began to recover, and the first sign of recovery manifested was the return of the old affection for us.

Dr. BLUMER complimented Dr. Munson on his paper and related, as an instance of hallucinations in the sane, a personal experience that he had nine years ago in New Orleans. He had distinctly seen, while wide awake, six imaginary burglars enter his bedroom and rob him and his sleeping companions. He was in poor health at the time, and offered the occurrence as suggestive of a state of mind that predisposed to hallucinatory disturbance.

Dr. GRANGER. I might briefly recount a case of triple hallucination of hearing that did not come under my direct observation, but under that of Dr. Andrews. The man was a Bohemian, and had been in this country for many years, but had not conversed in his native tongue. In a hotel he suddenly heard a Bohemian voice address him, the voice coming from the next room, apparently. He listened a moment, then went to the door of the room but could not get in. He applied to the hotel clerk; the room was opened and found to be empty. Gradually he was able to distinguish two Bohemian voices. He heard one in one ear and the second in the other. Then developed in one of the ears an English voice, making three distinct voices. At first they troubled him greatly; he had to give up his work, but after a time his intelligence taught him that this was unreal. A year afterwards he was sent to Dr. Andrews by a physician in Pennsylvania, who asserted that he must be insane. A long and careful examination by Dr. Andrews convinced him that the man had never been insane, and that he was not in any degree at the time of the examination an insane man. He was not an epileptic, he had received no injury, his health was fair.

I do not know where we could get such a practical account of hallucinations as has been given here this morning.

Dr. PRATT. I would like to ask Dr. Munson if the hallucinations of smell that came under his observation have been associated with epilepsy?

Dr. MUNSON. Never, I think; not so far as my experience goes.

Dr. PRATT. In private practice I have had occasion to encounter several cases of hallucination of smell, but they have in every case been associated with epilepsy in insanity.

Dr. FISHER. I merely rise to state that I have now in my charge a case of unilateral hallucinations of sight and hearing in a person of great intelligence, subject for many

years to petit mal. I have recently written out the case and read it before one of our societies. The subject of unilateral hallucinations is a very interesting one, and I think it is one that should be carefully studied with reference to localization. I found in this case practical benefit from the fact that the hallucinations were one-sided, since I was able thereby to convince the patient that they were unreal. She had come to believe somewhat in the hallucinations, but upon my showing to her that she saw the imaginary objects with the right eye and heard the imaginary voices with the left ear, and that she was considerably deaf in that ear, I satisfied her that they had no origin except in the brain. I think this class of hallucinations deserves more attention than we have hitherto given it.

Dr. EVERTS. I simply wish to state as one of the older members of the Association, that I have listened to this paper with great pleasure, and I wish to extend to Dr. Munson our sense of appreciation of the close observations and scientific instinct manifested in his paper. I say this as a matter of encouragement to a younger member of the Association.

Dr. STONE. I would like in a very brief way to narrate a case of hallucinations without insanity. It is the case of a rather distinguished minister of this State whom no one in this audience would call insane; a man of a great deal of sense and practical judgment, but who is at times a little absent-minded and nervous. On one occasion he was riding through a very lonely wood when, (as he stated), a United States soldier in full uniform stepped up to his side, and walked with him for about half a mile, and then disappeared. At other times he was bothered by different hallucinations, but that was the special one that impressed him very much. On another occasion he was sitting in his room, and having eaten his dinner about an hour before, and his stomach bothering him and feeling badly—he was dyspeptic—he said a cousin of his walked into the room, took a seat by the fire-place opposite to him, and entered into a pleasant conversation with him. The cousin remained fifteen or twenty minutes, and this gentleman asked him if he had had his dinner, and receiving a negative reply, he went into the hall and asked the negro boy if the dinner was ready, and was told it had been ready for some time. He reentered the room and said something further to his cousin, and then became occupied with his own thoughts for a time. When he lifted his head again his cousin had disappeared. No one would say that the man was insane except upon that subject. The

hallucination was as perfect as possible. He is a man without any insane history, is a minister, and would not misrepresent facts.

Dr. Carriel, on behalf of the Committee on Time and Place of Next Meeting, reported that they had selected the second Tuesday in June, 1887, at 10 A. M., as the time, and Chicago, Illinois, as the place of the next meeting, but stated that they would defer to the wishes of the majority of the Association in the matter.

Dr. HURD. I would move as an amendment to the report of the committee that the place selected be the city of Detroit.

Dr. HILL. I second the amendment, and for this reason. A year ago, at Saratoga, the question to decide upon the place of next meeting was brought up, and the choice lay between Chicago and Lexington. At that time Dr. Kilbourne was present, and urged Chicago as the better place. Dr. Kilbourne is not present this year. He lives near Chicago, on the north side of the city. Dr. Dewey, who is superintendent of an institution just south of Chicago, is also absent. Now, I suppose that superintendents of State institutions or other institutions for the insane in the State of Illinois, somewhere near the city of Chicago, should be upon a committee of arrangement for the next meeting. Although Dr. Carriel is from Illinois, he lives a long way from the city, and I don't know how these superintendents living near the city would feel about assisting in entertaining this Association next year. They are not present, and I do not know of their having communicated anything to this meeting. Therefore I second the motion of Dr. Hurd.

Dr. DENTON. I rise to move an amendment to the amendment. I move that Austin, Texas, be substituted for Detroit. It is a long way from the centre of the United States to be sure, but I think, sir, we can accommodate and entertain this Association as well as either Chicago or Detroit. We have in process of construction a fine hotel, and I hope it will be finished before the next meeting of this Association. I think we can offer many attractions to you outside of the usual routine of business. Austin is some eighty miles west of San Antonio, one of the oldest cities in the United States, founded in the same year as Philadelphia. There are many interesting antiquities there, and I think

that every member of this Association would be glad to see them. I trust that this amendment to Dr. Hurd's amendment will be adopted by this Association.

Dr. Granger asked if the assistant physicians present were entitled to a vote upon this question, and was informed by the President that such was the case.

The President then put the amendment of Dr. Hurd to a vote, and it was carried.

The President then announced that the next annual meeting would be held in the city of Detroit, beginning upon the second Tuesday in June, 1887, and appointed as Committee of Arrangements, Drs. Hurd, Pomeroy and Pratt.

Dr. Hurd thanked the Association for their action in selecting Detroit, on behalf of the President of the Board of Trustees of the Eastern Michigan Asylum.

Dr. Callender suggested that the Committee of Arrangements for such occasions consist of five members, one of whom should be the Secretary of the Association.

Dr. Hurd suggested as additional names to the committee for next year: Dr. Long, of Ionia, Mich., and Dr. Curwen, of Warren, Penn. The President announced that these names might be considered added to the committee.

Dr. Fisher. I suppose, Mr. President, that the report of committees was a part that should be done on the first day. I was appointed upon a committee last year, of which Dr. Clark was chairman, and I supposed he would send a report. I understood as much from him, but he was unable to be present, and has not sent any report, and as he did not I will state the course I have pursued in regard to the classification of autopsies. I wrote Dr. Clark that my contribution to the report of the Committee would be in tabulating ten or a dozen of our autopsies. While it is a simple matter at first sight to tabulate the autopsies it is not so very easy. It is necessary to have the autopsies taken in the usual way, and then the result of the autopsies—the diagnosis can be

tabulated. Six years ago, when I took charge of the hospital at South Boston, I determined to have the best pathologist that could be obtained in Boston, and I secured Gannett, who was considered the best man in that city. He is pathologist at the city hospital without pay. I secured his services by paying ten dollars for each autopsy. He has made these in his regular way, and I have printed them in our annual report; they occupy each three pages. At the end he gives what he calls a diagnosis and summary of all the principal pathological conditions found throughout the body; that summary of microscopic lesions I have prepared in tables, and in my next report I shall give sixty-five or seventy of these cases tabulated something after this form, [indicating], and as the simplest way of showing members what I have done, I have had nine cases put in a tabular form, and if there is no objection I will pass these sheets around and distribute them to the members present. I shall be glad to answer any questions upon this subject, and then would like to speak of another matter.

Dr. HILL. I would like to know if there has been any formal action taken by this committee?

Dr. FISHER. No; I have only at the last moment got this into print and sent it to Dr. Clark. It is only my personal contribution to the work of the committee.

Dr. WILKINS. I have not been present during the entire session this morning, and I would like to ask if any action has been taken, or whether any is necessary to be taken by this Association on the death of those members that have died since the last meeting.

Dr. EVERTS. There has been no action upon this subject.

Dr. WILKINS. I believe it is usual for this Association to take some notice of the death of its members, but I have not regularly attended its meetings and consequently do not know exactly what course has been pursued. I have observed, however, in reading the proceedings that action has been taken, and frequently a memorial page has been set aside in the AMERICAN JOURNAL OF INSANITY in memory of the dead. Two of the gentlemen who have died since our last meeting I only knew through reputation. The other three I knew personally. One of them was my colleague and intimate friend, Dr. William T. Browne, of the State Asylum at Stockton, California. He had been for a good many years engaged in the specialty, most of the time, however, as assistant physician. After the resignation of Dr. Shurtleff some few years ago, he was elected in his stead as superintendent of that asylum.

He died suddenly in San Francisco last February, at the age of sixty-five, having performed all the duties of life like a Christian gentleman, and having performed the duties of assistant physician and superintendent in the most acceptable manner to the community in which he lived and to the State by which he was employed. His usefulness was in the line of ours and he did his duty faithfully and well. Unfortunately, however, in his endeavors to improve the management of his asylum and in trying to secure strict observance of the rules in his institution on the part of the attendants and employés under him, he begot antagonisms and I might say conspiracies against him among the employés who did not attend to their duties so faithfully and strictly as he desired. Unfortunately in this contest some members of his Board who had relatives employed in the institution in different capacities took sides against him. This weighed upon him very much and this, in connection with bad health, hastened his death.

I think that the Association should take some action and manifest recognition of the worth of Dr. Browne and these other co-laborers, and to express sympathy with their families and regret at their demise.

Dr. HILL. I have had the impression that there was a standing committee on necrology. If not it seems to me there should be one appointed each year to look up anything in that line.

Dr. GRISSOM. That was formerly the case, Dr. Hill; but it was abolished last year as a standing committee.

Dr. RICHARDSON. I was on the committee on necrology the year preceding, and I was appointed for one year, and as I understood it these committees were not continued last year, and I have not considered myself as a member of that committee.

Dr. Wilkins moved that Dr. Hill be appointed chairman of the Committee on Necrology.

Dr. HILL. I move that the chair appoint a committee consisting of one superintendent from each State in which a member of this Association has died or any physician engaged in the specialty, to act as a Committee on Necrology and make a report next year or sooner if they can, and send it in to the AMERICAN JOURNAL OF INSANITY, or to the Secretary of the Association, for publication, whichever may seem best.

Dr. PRATT. I would like to make a practical suggestion in this connection. While it is manifestly desirable that there should be

a member of that committee from each State and from the provinces of Canada, as well, it seems to me that it would be desirable that the final preparation or supervision of obituary material should devolve on the Secretary of this Association; that the members selected from different States be regarded as corresponding members, so to speak, of the committee, and expected to furnish the necessary material to the Secretary; and if of sufficient brevity and in proper shape, the matter contributed can be printed as furnished; but if too lengthy for our volume it can be condensed by him into proper limits. I would suggest that the Secretary of the Association be the Committee on Necrology, and that one be appointed from each State and Province to furnish obituary material to the Secretary, and, as I say, if the Secretary finds the matter in proper shape and of proper length, and not objectionable in any way, he may publish it as furnished.

Dr. HILL. I accept the amendment. I would suggest that the committee consist only of members in States in which some member has died during the year. This would be only a temporary committee to give proper attention to the memory of those who have died within the year.

Dr. DENTON. In the case of Dr. Catlett, who died during this session of the Association, it seems to me we should take some specific action. I think it would be well to have suitable resolutions drafted and forwarded to his family, and if it is in order, sir, I would move the appointment of a committee by the chair, to draft suitable resolutions.

Dr. GRISSOM. The question is upon the appointment of corresponding members from each State in which a member may have died during the year, who shall, with the Secretary of the Association, act as a Committee on Necrology.

Dr. Hill's motion, as amended by Dr. Pratt, was then carried.

Dr. Denton then renewed his motion for the appointment of a committee to draft suitable resolutions expressing the sense of the Association with reference to the death of Dr. Catlett, and that a copy of such resolutions be transmitted to the family of the deceased; the committee to report immediately.

Dr. BRYCE. Mr. Chairman—The remarks of Dr. Fisher referring to the report of the special committee appointed at the

meeting last year to formulate and present forms for the record of autopsies, reminds me to state here, that I received a letter from Dr. Clark, the chairman of the committee, in which he stated that he expected to present a report at the present meeting. I am also a member of that committee and have good reason to know, from conversation and correspondence with Dr. Clark, that he has given the matter much thought, and had he been present would have made his report. We all know that he is deeply interested in the subject, and by his forcible presentation of it last year succeeded in convincing us of its importance. At any rate, I deem the matter of sufficient importance to ask for a continuance of the committee, which consists of Dr. Clark, Dr. Andrews, Dr. Fisher, Dr. Shultz and myself. I therefore move that the committee be continued, with instructions to report at the next meeting of the Association.

Dr. Bryce's motion was adopted.

Dr. SCHULTZ. If I remember correctly there was another matter referred to that committee that related to statistics and the matter of insanity generally. I think this was about it, though I have not the minutes with me. I am confident that that matter was brought up and I think it was referred to the same committee; to decide upon some general plan for the classification of insanity which could be adopted uniformly by all the hospitals.

The President directed Dr. Bryce to take notice of this suggestion in the absence of the chairman, Dr. Clark.

Dr. SCHULTZ. I would say here that I also had a letter from Dr. Clark some two months ago in which he expressed his wish to prepare a paper and have it read as he could not be here himself.

The President announced as committee on the death of Dr. Catlett, Drs. Denton, Rodes and Carriel.

The President also announced as general Committee on Necrology, Dr. Curwen, chairman, ex-officio; Stearns, of Connecticut; Rodes, of Missouri; Goldsmith, of Rhode Island, and Wilkins of California.

Dr. Wilkins suggested that Dr. W. H. Mays, Dr. Browne's successor at the Stockton Asylum, who would

be present at the meeting next year, be added to the committee in place of Dr. Wilkins.

The President so changed the committee, and added to it the name of Dr. Wallace, of Canada.

The Association then took a recess to meet after the barbecue and entertainment offered by the superintendent and commissioners of the Eastern Kentucky Asylum.

The Association was called to order at 4 P. M., Thursday, this session being held in the open air, upon the grounds of the Eastern Kentucky Asylum.

The President announced that Dr. McFarland would address the Association.

Dr. McFarland. Mr. President, Ladies and Gentlemen—With the atmosphere about us as balmy as it is to-day, and the skies above us just as bright, in the month of May, in the city of Washington, forty years ago, I had the honor, to take my seat for the first time, with this Association. The organ of veneration was always highly developed with me, and it can be imagined what were the feelings of a young man of twenty-eight to be brought into the presence of men of such national reputation. Let me describe briefly one or two of the men figuring on that occasion.

There was the President of the Association, Samuel B. Woodward; a man of dignified presence—if the face of Washington had come down from the canvas of Stewart and stood before you the resemblance to Dr. Woodward would have been exact. There are some who believe that the forms of men are limited by creation; that the number of models is limited. If that is the case, then General Washington and Samuel B. Woodward must have been cast in the same mold. Such was the President of our Association in those days.

Let me speak of another very lovable man, Amariah Brigham, of the New York State Asylum at Utica; a man of frail figure, bearing the impress of ill health, but of most charming countenance, and a smile as sweet as mother ever gave to her new-born offspring. You might say of the smile of Dr. Brigham that it sprang up as flowers spring up in woodland nooks—spontaneously.

Let me reproduce another distinguished figure, Luther V. Bell, of the McLean Asylum at Boston—the most aristocratic and wealthy institution in the land, and well did Dr. Bell, in person, character and attainments, become that position. We are told that it takes three generations to make a gentleman. A great many generations of distinguished men had come in to form Dr. Bell. His family had produced governors, senators, statesmen, eminent physicians, eminent clergymen, eminent judges, eminent men of science: a family like the Breckenridge family of Kentucky. I wish I could place him before you. As perfect a model of physical beauty as ever eye rested upon; a countenance of classic formation, marble white, with a cluster of jet black hair surmounting his brow. When, some years afterwards, I looked upon the statue of the Apollo Belvidere, at Rome, "the Lord of the unerring bow," as Byron calls him, that has witched the world with its beauty for so many years, I could exclaim that that countenance was nothing in comparison with that of Luther V. Bell.

Let me pass along a little further. There was Dr. Aul, of Ohio, now gone to his rest; Francis T. Stribling, of Virginia—but the record would be too long a one for me to enumerate of those remarkable men that sat at this first convention which I had the privilege of attending. And when I left, the exclamation I had in mind was: "O happy me! happy lot in life, that I am privileged to be an humble associate—if not the peer of these remarkable men!"

Now I had a little apprehension that with the increase in the quantity of our Association there might be a little depreciation in the quality of this body, but I am most happy to say that this meeting entirely sets that at rest. I see the faces of these newcomers mantling all over with the inspiration of high purpose that leads me to see that this Association has nothing to fear for generations yet to come. Our Association is the most ancient of all, as has been remarked. Many other associated bodies have been formed since the beginning of this Association. Almost every profession now has its association, but mark the difference between theirs and ours. We know the character of their discussions; we know by their meetings; but who ever heard in a meeting of our Association of superintendents so much as one word being mentioned of tariffs of rates and charges, and the other selfish subjects which might naturally come into the discussions of the Association? Never; not in a single instance. Our purpose is a single one, and it is one which purifies the Association. Well has Mrs.

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Browning said: "I think it frets the saints in heaven to see how many desolate creatures of the earth have learned the sweets of love and charity first in the hospital." Now such is our office.

Now I must here pause to ask the question whether public opinion as expressed in the newspaper press of the day always does our specialty justice. I fear there is a lack there. Mind, we are not complaining; it would be unbecoming in us to complain. We are too manly; but I think the depreciation of our specialty and our pursuit, by the public press at least, is something to be deprecated. We too often, too generally find ourselves styled wardens, our attendants are keepers, the nice rooms fitted up for our patients are cells; the house itself is a mad-house, and the whole process of commitment to it hardly ever gets any other denomination than that of an incarceration. But I do not think it is we who are the losers by that; we need no defense; we need not complain of it. When that newspaper editor—the most prominent one in all the northwest—headed a column in his paper with big, staring lines, "More of the fiend Nichols," what a brutal stroke was this to a man in whose nature the kindly elements were so kindly mixed "that all the world might stand and proclaim him a man." That was the denomination of our friend Nichols, but the retribution came. "Though the mills of God grind slowly yet they grind exceeding small." And as to the writer of that famous headline, if scorpions from the bottomless pit had come to scourge him in his last days, they could not have added to their bitterness, and at this moment the lawyers are making capital out of the display of his vices and his nauseous diseases. That was the fate of the man who wielded the pen to heap abuse upon our specialty.

Now, gentlemen, time is short, and I have but little further to say. In meeting with my associates, for possibly the last time, the heart grows warm and memory grows tender, and we look with greater affection upon those with whom we have associated, we look upon them with love, and we are inclined to utter with all emphasis: "To thine own self be true, and it must follow, as the night the day, thou canst not then be false to any man," and, I may add, to any interest.

Dr. Denton. Mr. President—In view of the fact that the notice of the death of Dr. Catlett will be probably more extended in the future, the committee that was appointed to draft resolutions in regard to his death at this time have made their report a very brief one, and it is now ready. We have prepared the following:

Whereas, It has pleased Almighty God to remove from our midst and his earthly labors our friend and co-laborer, therefore,

Resolved, That in the death of Dr. George C. Catlett this Association has lost a true friend, and the State he served a valuable officer and citizen.

Resolved, That we extend to his bereaved family our sincere sympathy and condolence. That a copy of these resolutions be sent to his family by the Secretary.

Signed, A. N. DENTON,
H. F. RODES,
H. F. CARRIEL.

Dr. Wilkins, from the Committee on Resolutions, offered the following:

The members of the Association of Medical Superintendents of American Institutions for the Insane, before concluding their fortieth annual session, wish to express in this formal manner their hearty appreciation of the cordial welcome and the many courtesies extended and the gratifying attention paid to them by Dr. R. C. Chenault, his assistants and the members of his family, both at Lexington and while visiting the institution over which our co-laborer in the specialty so ably presides; that we congratulate him upon the abundant means at his command bestowed by a liberal commonwealth, but we view with misgivings and apprehension the effect of a lessened appropriation per capita for the care, comfort and cure of the insane under his charge.

Second. That our thanks are heartily given to the President and members of the Board of Commissioners of the Eastern Lunatic Asylum of Kentucky for the many attentions shown us as a body and individually during this memorable meeting, and particularly for the gratification afforded by the novel, though sumptuous, *barbecue* and *burgoo*, with which we were honored on the grounds of the institution.

Third. That we thank Col. W. LaRue Thomas and his fellow-citizens for the kind reception and elegant lunch given at the Phœnix Hotel on the first day of the session, and will long remember the excellent music furnished on that occasion and subsequently by Frost's Military Band.

Fourth. That to Major McDowell and family we are under deep and lasting obligations for the opportunity of visiting Ashland, the former home of one of the most revered of America's great and eloquent statesmen, for the numerous marks of hospitality

shown while there, and for the valuable information so cheerfully, freely and patiently given by the Major in answer to the numerous inquiries made on the subject of horses for which Kentucky is so justly famous.

Fifth. That to Col. Treacey we owe our thanks for the exhibition given of many rare and valuable horses at the stock farm of Messrs Treacey & Wilson, and for the pains taken by Col. Treacey and his assistants in answer to inquiries.

Sixth. That to Judge J. R. Morton and his assistants we extend our regret that we could not in a more formal manner accept his kind invitation to visit the Lexington Club Room, which was prevented only by the limited time at the disposal of the members.

Seventh. That we thank Messrs. Davidson & Seelbach, the proprietors of the Phœnix Hotel, for their courtesy in courteously furnishing the ladies' parlor for the meeting of the Association.

The resolutions were unanimously adopted.

Dr. Callender moved that the Association adjourn to meet in Detroit, the second Tuesday in June, 1887.

Dr. Grissom. In declaring this Association adjourned it becomes my duty as its spokesman to say that we shall each and every one retire to our homes with the most pleasant and lasting recollection of our entertainment on this occasion in this classical spot of this glorious old commonwealth, distinguished as it is the world over for its high-spirited horses, its gallant gentlemen and its beautiful ladies. Inscribing upon the banner of the Association *esto perpetua*, I now declare the Association adjourned to the time and place agreed upon.

[Stenographically reported for the American Journal of Insanity by T. E. McGarr.]

COMMON ERRORS:

Theoretical and Practical, Relating to Insanity.*

BY ORPHEUS EVERTS, M. D.,
Medical Superintendent of the Cincinnati Sanitarium.

It has been said that mistaken notions respecting human destiny have been the greatest obstacles to human progress. That notions at variance with all facts and inferences, as now recognized by the learned, respecting all phenomena, have been at all times entertained by a large majority of mankind, will not be denied. Notions so deeply rooted, so firmly fixed, so widespread and overshadowing, as to resist all encroachment, save that of growth—the irresistible expansion of capabilities and knowledge.

Whether such notions have been really obstructive, or only faithful expressions of concurrent ignorance and incapability, awaiting the advance of intelligence, may be questionable. (1.) But if the onward movement of the races has ever been so obstructed it must be so still, to an extent measurable by the influence of such notions over the common teachings of the time.

To the medical profession of to-day—as representing a wider range of knowledges, and greater freedom and courage of investigation than any other—the world looks for instruction respecting all natural phenomena—the phenomena of living matter more especially—yet not all of us of this profession *par excellence*, have outgrown many of the mistaken notions of our ancestors, nor opened our eyes fully to the light of present knowledges.

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* Read before the Association of Medical Superintendents of American Institutions for the Insane, at Lexington, Kentucky, Tuesday, May 18, 1886.

Our Medical Schools have been and still are behind the advance of science in the instruction given by them respecting the constitution and conduct of living beings —teaching still, with some notable exceptions, superficial anatomy, and mechanical physiology—with the apparent contentment of indifference or assumed infallibility.

But however interesting and germane this topic, time forbids further pursuit of it now, before proceeding to discuss the subjects proper of this paper.

It is an Error of Theory, implying conditions contra-indicated by all known facts, as now recognized by the scientific, to suppose that insanity is a disease of a hypothetical entity called "The Mind." An error that implies a personalization of phenomena, and an ascription to ideal objects or persons so instituted, of attributes denied to all known material objects, or beings, after the manner of the ignorant of all ages and all races.

A modern modification of this error, differing only from the original by ascribing diseases of "the mind" to an intimate association of "the mind" with diseased brains—based upon quasi-physiological views of the relation of mental phenomena to material objects and conditions—is still erroneous, inasmuch as the substance of the original error is retained.

But as every step of intellectual progress is effected by modifications, rather than displacements, of ideas, a notable advance is indicated by this recognition of physical disease as necessarily precedent to, and associated with, the phenomena of insanity.

It may be claimed, however, by those who maintain this error, that "the mind" is not a personalization of phenomena, but an original spiritual being, ordinarily impalpable, but under some conditions capable of

manifesting itself to other beings like itself, even after separation from bodily associations. To deny which would be to call in question the truth of history, and impeach the intelligence or integrity of mankind.

To which it may be replied—Man, individually or historically considered, is a progressive being—moved by the inherent forces of living matter, of which he is constructed, from the zero of infancy to the highest degree of human attainment. With each succeeding degree of attainment an ever-widening horizon discovers to his view new and important facts, which, with new perceptions of immediate surroundings, compel certain modifications of his mental concepts; until that which once appeared as indisputable truth, (upon a lower plane of perceptions) becomes—first, a superstition, and finally a reminiscence of past ignorance and incapability. To which it may be superfluous to add: History is but a reflection of contemporary recognitions, the entire testimony of which, on doubtful subjects, may be discredited by the assertion of a principle generalized scientifically from an accumulation of well-established facts. The assertion, for example, of the principle of gravitation, as related to the historic accounts of the creation and government of the material world—or the principle of evolution, as affecting the credibility of history respecting the creation and descent of man.

But if the old theory of a loose association of spiritual beings with perishable automata called "bodies," be rejected, what becomes of the long list of so-called "moral causes" of insanity—and the mysterious "influence of 'the mind' over the body?"

The answer is simple. Substitute "brain" for "mind," and the problem is solved.

What! Brains think? Matter imagine? Convolutions reason?

Why not?

Is it really more incredible, to one accustomed to thinking, that brain-matter should become conscious than that matter of any kind should become brains—by virtue of inherent qualities?

Is the phenomenon of thought more wonderful than that of feeling, or of vision? Is the phenomenon of vision more incredible, as associated with matter, than is that of luminosity—unmistakably a quality of matter, phenomenally manifested by certain changes of physical condition?

Why degrade matter—of which we have some knowledge, and are acquiring more—by denying to it qualities and capabilities that seem to belong to it; and exalt ideal objects, of which we have no knowledge, by ascribing to them qualities and capabilities that can not be, by any method, traced to such objects?

Brains perish, aye—there's the rub!

If our bodies were immortal, we should hear no further discussion of the subject of materialism; no further question of the relation of mind to body. Facts would no longer be subordinated to theories; and theories would be in accordance with facts instead of feelings. But what do we gain by transferring the attributes of material human beings to ideal spiritual beings?

Brains—human bodies—perish only as individualizations of living matter, effected by inherent motivity, by which endless evolutions and dissolutions are compelled. Living matter, from which living beings are being continuously specialized, or "created," never dies.

Admitting the existence of individual spiritual beings, corresponding to our physical beings—is it not rational to infer that they are specializations from

spiritual matter of individual spirits, subject to evolutions and dissolutions corresponding to the changes that effect material specializations? Must we not recognize such beings, if at all, as objective—having form, and necessarily, substance? As individual beings of like substance—hence specialized from an eternally existing common substance—hence subject to dissolution? Were it not so—were matter, capable of specialization, not subject to further changes, and an inevitable dissolution of individual forms, the limits of specialization having been once reached, all activity would cease, all motion end, and the world, the universe, become a vast assemblage of motionless, purposeless, individuals—immortal, but incapable of any of the functions or enjoyments of living beings.

That which is true of the known we must presume to be true of the unknown; inasmuch as the known is the basis of all rational supposition.

In thus disposing of the subject of "moral" causes of insanity, and the "influence of mind over body," (by referring all psychical phenomena to the brain,) it need not be denied that brain activities, accelerated or depressed by states of consciousness variously affected, cut an important figure in the physiological drama of human existence. It is maintained, however, that all influence of a psychical character other than such as pertains to the primary motions of living matter, by which bodily conditions are affected, emanates from the brain, or brain-matter, however designated; and is inevitably sequential to brain-action, however instigated—affecting other organs through its powers of innervating and enervating the heart and other organs of the body, over which the brain presides.

In other words, it may be affirmed that it is not "the will" acting as a spiritual entity, exercising independent

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In other words, it may be affirmed that it is not "the will" acting as a spiritual entity, exercising independent

powers and intelligence, that enables a man under certain circumstances to resist and retard disease; but the whole organic act of willing. Nor is it "the imagination" acting as still another person, in conjunction with "the will," or with a will of its own, that so affects bodily conditions that a timid man may be killed by an imaginary hemorrhage; or a superstitious woman may be raised from a bed of chronic illness by faith in prayer; or a believer in homeopathy may be benefited by pretended medication; but the complicated and comprehensive physiological act, or process, of imagining.

Consider the phenomena as related to antecedent conditions of what is called "mental shock." 'Brain-shock, as now recognized. There are certain materials and conditions necessarily precedent to such phenomena, viz.:

(*a.*) Certain masses of living matter called brains, that from a precedent condition of inherent sensitiveness, through a long process of adaptation and heredity, have become capable of complex states of consciousness, and responsive to the excitations of environments, effecting physical and chemical changes, followed by corresponding brain-phenomena; perception, feeling, imagination, &c.

(*b.*) Certain appendages structurally continuous with such masses of brain-matter, called "organs of sense," terminating in contact with environments.

(*c.*) A continuous supply of a peculiar liquid called "blood," floating a burden of living matter, qualified and ready to take the place of matter exhausted by use, disintegrated by action, and no longer capable of aiding in the performance of brain-function, (to be carried away by returning currents of this same liquid)—together with all of the organs and conditions

implied for the preparation and distribution of this blood.

(*d.*) An exciting cause, capable of reaching the brain by way of the organs of sense; and of stimulating it to sudden and unusual activity, through its own qualities of sensibility and consciousness.

These conditions admitted—what then?

A woman and a mother *sees* her son crushed to death by a locomotive engine; or *hears* a messenger relate the shocking circumstance; and sinks, or falls, insensible. Or, it may be, stands dumb, motionless, like Niobe in marble; to regain consciousness by and by—not as her former self; but as a raving maniac; a gibbering imbecile; or a fantastic fool.

What has happened? Enquire within. Some injury has been done to this woman's-mind? O, no; this woman's brain.

How? By what?

By its own exertion under sudden and extraordinary stimulation. Some tense string broken by its own vibration. Some bent spring fractured by its own recoil. (2.)

Another etiological error, is that of ascribing insanity to a single cause—such as intemperance, overwork, religion, spiritualism, remorse, and the like; while the fact is that nearly every case of insanity not effected by mechanical or chemical violence, is the result of a conspiracy of causes more or less complicated.

In this conspiracy, it is probable that the most uniformly present and influential agent is "heredity," or an inherited structural peculiarity, or biological tendency, constituting a "potentiality of insanity" in individuals, that is not common to the race.

This fact may not be recognized generally, nor accepted as true, by many otherwise well-informed

persons whose biological studies have been limited, and whose views of the great facts of evolution and heredity are neither comprehensive nor clear.

That this potentiality is an important factor in the causation of insanity, and yet an exceptional condition of human beings, may be inferred from the fact that while like causes produce like effects under like conditions, with perfect uniformity, but few persons of a given number exposed to all of the causes, and subject to all of the conditions, regarded as sufficient to produce insanity, except this, become insane.

How many men are overworked, or underfed, or intemperate, or have lost property, or friends, or fame, and are yet neither insane nor in danger of becoming so?

How many women grieve, or fret, or suffer the pangs of despised love, or the sublime martyrdom of maternity, and yet do not "go crazy." All men and women, who live long enough, pass through the "perilous periods" of puberty, and "change of life," and many indulge sexually to excess, or practice self-abuse, yet how few are made lunatic thereby!

That this "potentiality" is a matter of descent rather than of acquisition, may be inferred from the facts, that it must be physiological—pertaining to organization—and is indicative of such a departure from typical racial conditions as is not likely to be effected by the growth of an individual, and the vicissitudes affecting a single generation. This inference is sustained, also, by the fact that insanity is developed, almost exclusively, in persons whose ancestors have been for a longer or shorter period subject to the environments peculiar to civilization, in which the mixing of races, and artificial vicissitudes of being, are well calculated to influence organization, and effect such a departure.

In estimating the value of this factor in the problem

of insanity, it should never be forgotten that it is not, itself, a disease; nor an exciting cause of disease. It is, probably, only a specialized condition of brain matter, effected by various influences, and fixed more or less permanently by heredity, that one may inherit and carry through a long lifetime, without becoming insane; or because of which one may be subject to insanity, although the immediate ancestor through whom the condition was transmitted may not have shown any indication of its existence to our perceptions.

As to other conspiring causes: inasmuch as all influences capable of exciting and continuing brain-activity—and all agents capable of vitiating the quality, or interfering with the diffusion, of living matter essential to the maintenance of brain-action and brain-integrity—are efficient causes of insanity, it will be seen at a glance that possible combinations of such causes are innumerable. A hint in this direction should be sufficient for all practical purposes.

Another common error is that of mistaking symptoms, or manifestations of insanity, for causes of disease. The most prominent feature of insanity in a given case may be, as indicated by speech and action, of a religious character. Cause assigned, "religious excitement," or simply, "religion." Another insane person, with auditory hallucinations, holds conversations with invisible beings, and has his insanity charged to "spiritualism." A third, melancholy person, accuses himself of crimes—the unpardonable sin, perhaps—and has "remorse" scored opposite his name, as the cause of his infirmity. Such assignments of causes may all be erroneous. Such manifestations are, more frequently than otherwise, phenomenal sequences of diseased activities effected by other, and very different, causes. When a man is drunk and talks religious nonsense, one does not attribute his

intoxication to religion. It need not be denied that intent and protracted contemplation of religious subjects involving problems too profound for human capabilities, by persons incapable of ordinary reasoning —believing at the same time that eternal doom awaits the verdict—or that the terrifying denunciations threats and appeals of "hot-gospelers," addressed to the ignorant and superstitious, may, by undue excitations of brain activities, arrest nutrition, suspend appetite, and "murder sleep," and thus become causes of insanity.

Nor is it to be denied that an overwhelming demonstration (as estimated by the party interested) of the actual presence of disembodied spirits of long lost loved ones, returned from unimaginable wanderings—bringing with them airs from "summer-lands," and comforting assurances of life and happiness beyond the grave, (but half believed before) might strain with dangerous tension some of the finer fibers of conscious mechanisms. Nor that genuine remorse can become a co-conspirator in the causation of insanity. It does not follow as a necessary sequence, however, that insanities so caused, are characterized by religious, spiritualistic, or remorseful expressions; nor is such even frequently the case.

The time may come—is coming—when the more skilful will be enabled to analyze the phenomena of mind with great accuracy and minuteness; so as, possibly, to refer even delicate shades of feeling and thought to exact conditions of organs manifesting them; and to retrace the evolution of a mental concept to the primary sensations from which it descended. But we can not do so now.

Of Diagnosis.—Errors of diagnosis in cases of alleged insanity, are comparatively infrequent. Medical practitioners are seldom called upon to differentiate insane

from sane conditions in doubtful or obscure cases. Of the multitude of persons committed to public and private asylums, as insane, every year, rarely one is found to be not insane.

There are persons, however, in every community who by their speech and actions subject themselves to suspicion of being insane, but respecting whose conditions, if brought to a test, there would be diverse opinions. It is when such persons are brought to bar, accused of crime, or incompetency, that the qualifications of medical witnesses are fully illustrated—not always to the credit of the profession to which they adhere.

The only province of the diagnostician, in such cases, being to determine whether certain phenomena characteristic of the accused are sequential to natural, or pathological, conditions; the most common error is that of ascribing to pathological conditions phenomena that are natural, to the individual accused, in a state of perfect health, because of the possible resemblance of such phenomena, of both speech and action, to well-recognized insanities.

Errors of this kind have been committed, and are likely to be repeated—will be repeated—as long as medical men accept a quasi-physiological psychology as scientific, and listen to the teaching of authors who, in contempt of their own knowledge, are more intent, sometimes, on establishing a personal opinion of their own, or discrediting that of another, than they are upon disseminating science. It is to be regretted that really great men do not see all objects periscopically, at all times.

It may be claimed that such errors are not important, inasmuch as conditions, so similar as to make it difficult to determine the difference by their phenomenal expression, are practically the same; although one may be called natural depravity, and the other disease.

But this claim is not well founded. There is as much practical difference between conditions indicated by natural depravity of character, and insanities, as there is between conditions manifested by the exalted temperature of physiological exertion, and the heat of fever. As much difference as there is between the false beliefs of the ignorant, and the delusions of the distempered.

Another, and kindred error, is that of mistaking rational beliefs for insane delusions.

Beliefs that may appear to one person, or to many persons, irrational, and absurd, may be, as entertained by another, or others, perfectly rational.

Any belief that is in accordance with all such testimony as is presented to, or can be comprehended by, the believer, respecting any given subject, is rational; provided such testimony is alike convincing to others of like capabilities and information.

A common belief that the Earth was created before the Sun was, and became a fixed object around which the Sun was made to move, for the sole benefit of the Earth's inhabitants, was a rational belief, whatever we may think of it.

Beliefs in the divinity of kings, and the infallibility of popes, once unquestioned, were rational. Centuries of human growth were required to more than partially discredit them.

Belief in witches, and witchcraft, once universal, unaccountable as it may seem to us who are not haunted by recognitions of personal devils, papal or Miltonic, was, and is, when contemplated in the light of the testimony by which it was justified, a rational belief.

Insane delusions are mental concepts of impaired organs, *responsive to excitations from within:* hence, not amenable to facts or arguments, and out of harmony

with the general recognitions of the class or race to which the person entertaining them belongs. (3.)

Rational beliefs are mental concepts of healthy organs, *responsive to excitation from without*—hence amenable to facts and arguments, and in harmony with concurrent recognitions of the class or race to which the persons entertaining them belong.

Of Prognosis.—Nothing is more difficult than to prognosticate accurately the result of any given case of insanity. The most common error of prognosis is that of recovery.

But few insane persons ever recover fully their original states of mental capability. Not to exceed forty per cent so far recover, under the most favorable circumstances, as to pass currently for persons of sound minds. The patient, prolonged, intelligent and conscientious labors of Dr. Pliny Earle, exhausting all present sources of knowledge on the subject, force upon us the conviction that even forty per cent is a higher ratio of expectation than facts would justify, for this country or for Europe. (4.) Yet with nearly every insane patient admitted to our hospitals for treatment comes the prognosis of the family physician, "speedy recovery." Such errors can only be accounted for by presumptions of ignorance, or insincerity, on the part of the physician making them; equally unworthy of the profession.

Of Treatment.—Errors of treatment of the insane are, undoubtedly, common and many. Such at least is a justifiable inference to be drawn from recognitions of our own ignorance respecting the more occult phenomena of living matter, and still greater ignorance, if possible, of the real relation of drug-influences to physiological and pathological conditions. To point out such errors specifically, and define them, would be more difficult than to infer, and admit their existence.

It is probable, however, that the greatest therapeutical error of practice, is that of administering too much medicine. That there are medicines which, when skilfully administered, contribute somewhat to the comfort, and therefore, or so far, to the cure, of the insane, can not be denied. But as related to the whole number of drugs prescribed, they are neither many, nor potent.

This criticism need not be limited to the use of drugs in the treatment of the insane. It is as applicable to other specialties of practice as to this. With a rapidly increasing accumulation of knowledge, to which the medical profession has contributed, and had access, a growing conservatism in the use of drugs has characterized modern practice, and marked its progress. The middle of the present century will be forever memorable in the history of medicine as the period of transition from "old" to "young physic," and a genuine reformation of theories and practice effected by human growth.

This topic of "Treatment" having been thus disposed of, there is but one other to which attention is requested in this connection.

Of Classification.—It is an aphorism of philosophy, that perceptions of imperfection imply perfection, as an inferential quality. Such perceptions, however, do not necessarily imply knowledge of that which is perfect. All classifications, or schemes for the classification of insanities, have, thus far, proved to be exceedingly imperfect and unsatisfactory. The fact is that neither our psychological nor pathological knowledge is sufficiently accurate and comprehensive to justify a pretense of classification of insanities upon either as a basis.

True science is severely exacting. It demands

accurate knowledge of a large number and a wide range of correlative facts, harmonious in aggregation, and capable of revealing the ultimate principle that unifies them, before approving with its name any scheme or proposition.

Classification, however, is not an essential feature of present knowledge of insanity; though some important errors, theoretical and practical, have been suggested by the terms adopted by various authors in their endeavors to improve upon past failures, and present a classification really intelligent and useful.

An error already alluded to—that of accepting as sufficient a single alleged cause of insanity in explication of variable and complicated phenomena, in any given case, is illustrated, and perpetuated, by the terms adopted for the classsification of insanities upon a plan descriptive of both psychical and pathological features—such as: "Paralytic Dementia," "Puerperal Mania," &c., &c. Still greater, or more important errors, however, are suggested and perpetuated by terms used in a metaphysico-psychical scheme—such as "Moral Insanity," "Intellectual Insanity," "Emotional Insanity," "Affective Insanity," &c., &c., with such subordinate terms as "Kleptomania," "Pyromania," "Dipsomania," "Aboulomania," "Reasoning Mania," and the like—representing mistaken notions respecting the genesis of mind, and the relation of phenomena to antecedent conditions; and leading to recognitions of certain "states of feeling and modes of thinking," characteristic of, and habitual to, individuals, and classes of men, whose conditions are, and may have ever been, strictly physiological, as manifestations of disease.

Than which—if precedent, or concomitant, impairment of the organs of mind by disease is essential to

insanity—nothing could be more erroneous. Than which—if insanity is to be regarded as "an unconditional excuse for crime," nothing could be more pernicious.

The doctrine of Moral Insanity is indeed a prolific mother of errors—requiring for its maintainance the false assumption, that there is a genetic distinction of different degrees of general intelligence. (5.) In other words that moral concepts so far differ from other mental concepts as to imply an independent origin, as distinct from the sources of other ideas as one man is distinct from another. And that such different sources of mental concepts may, or may not, co-exist in a single man; and that co-existing, one may be impaired, or obliterated, without in the least affecting the capability or integrity of the other.

That such substantiation of the doctrine of "Moral Insanity" is impracticable may be inferred from the following propositions, if true:

(*a.*) Mental capabilities are developed step by step, yet continuously, with the structural development of living matter in the form of brains—as is amply illustrated by the growth of individual human beings, from infancy to manhood; and of progressive races of mankind, from infantile conditions to higher attainments.

(*b.*) The order of development of mental capabilities, is from simpler to more complex states of consciousness—characterized by increasing ability to recognize, differentiate, combine, and generalize principles from, observable facts.

(*c.*) Growth of structure and capabilities may be arrested at any point attained—but there can be no *hiatus* between points, or degrees, or groups of degrees, of attainment; nor any transposition of groups of

capabilities once attained, out of the order of their development. (6.)

(*d.*) Mental concepts of a moral character—ethical inductions from recognitions of facts—correspond in complexity and comprehensiveness, to the general intelligence of individuals and races—high moral perceptions belonging to, and characterizing, exclusively, the more progressive races of mankind, and modern periods of history. (7.)

(*e.*) The "order of disorder"—if the phrase is admissible—or the order of retrogression, to which, in accordance with the inherent cyclicity of living matter, all structures are obedient—as uniform in successions of condition and phenomena as is the order of progression; corroborates the inference that high moral recognitions pertain to the higher, and later, if not final, developments of intellectual capabilities. (8.)

(*f.*) Inasmuch as all great moral precepts—original teachings—have been formulated and promulgated by men of extraordinary general intelligence—exceptionally developed—looked upon by undeveloped multitudes as "inspired"—it may be safely affirmed that until the existence of an idiot with high moral perceptions can be demonstrated; the existence of a philosopher without moral perceptions, or capability to perceive—is equally problematical. Hence total incapacity to recognize moral principles, in any given case, justifies the inference of undeveloped or defective intellectual capabilities. (9.)

It is easy to answer arguments based upon such propositions, by recitations of clinical histories of exceptional cases, so far as observed and comprehended, and the conclusive declaration that "Moral Insanity is not a question of theory, but of fact." (10.)

It is quite as easy, and much more impressive, to

sketch, biographically, the prominent features of some notorious criminal—call it a picture of a variety of moral insanity, recognized by distinguished observers, though never before so well portrayed—and offer it in evidence as conclusive. (11).

But such answers do not shake the broad foundation of facts upon which truth stands—nor cause us to forget that it is more reasonable to suppose that individual observers of exceptional phenomena may be mistaken as to facts, or appearances, than that nature is erratic, or than that truth is incongruous.

NOTES.

(1.) The notions entertained by any given people at any given period are, necessarily, in accordance with the capabilities and knowledges of such people. Such notions do not obstruct progress, but indicate attainment. The notions of infancy are displaced by the beliefs of maturity. Beliefs of the ancients have been displaced by modern recognitions, as imperceptibly as childhood glides into youth.

(2.) A group of muscles may contract so violently under stimulation as to remain for a time paralyzed, and manifest when recovering various degrees of impairment. So, too, brain-structures may be injured by their own activities.

(3.) "The essential characteristics of insanity, that which distinguishes it as a morbid state, consists chiefly in the fact that certain states of the brain—certain dispositions, feelings, emotions, opinions, determinations—proceed from within outward, owing to disease of the organ of mind; while, in the healthy state, our emotions, opinions, determinations, originate only upon sufficient external motives, and on that account stand in a certain harmonious relation to the external world."—(Griesinger, Ment. Dis. page 60.)

(4.) See American Journal of Insanity, October, 1885.

(5.) "All mental acts take place within the intelligence, * * * and all the various mental acts which were formerly designated separate faculties (imagination, judgment, will, &c.), are only different relations of the understanding with sensation and move-

ment—or the result of conflicts of ideas with themselves."—(Griesinger, Ment. Dis., page 26.)

(6.) A man may be capable of recognizing objects, and of remembering something of their qualities—but incapable, because of arrest of development—of imagining, or reasoning, to any considerable degree. He can not be capable of imagining or reasoning to any extent without the precedent capability of perceiving and remembering, developed and intact.

(7.) Ethnical observation as well as scientific inference, establishes the fact that the undeveloped, savage races of mankind, are of different degrees of intelligence, with corresponding moral deficiencies. The vicious classes of civilized societies—"the savages of civilization"—are as classes conspicuously undeveloped, and below par intellectually.

(8.) The first general symptom of impairment effected by alcohol, which may be presumed to affect the brain generally through its systemic circulation, as manifested by mental characteristics, is a loss of moral tone, beginning with the highest register, veracity. The final attributes of humanity being the first to suffer diminution, or destruction, with the first movements of a retrogressive order—objectless lying, by persons before trustworthy, is frequently the prelude to subsequent diapasons of insanity.

(9.) That phase of human consciousness, commonly called "conscience," or "conscientiousness," is regarded by many as proof of independent moral capabilities.

"Conscientiousness," says Dr. Clouston, (Ment. Dis., page 256,) "the sense of right and wrong, is to a large extent an innate brain-quality. We see this in children from the earliest age. Some have it strongly without teaching or example; others have it sparingly, and need the most assiduous care to develop it."

Inasmuch as the sense of right and wrong does not imply a knowledge of that which is right, as distinguished from that which is wrong—but a recognition of difference between that which gives pain and that which gives pleasure—a sense of which brain-matter becomes capable of at an early period of development—Dr. Clouston's major proposition, may be, almost, admitted. But that children from the earliest age, or at any age, without training or example, have intuitive perceptions of that which is right, and that which is wrong, is unprovable and improbable. Unschooled persons, acting from a sense of right and wrong, are as liable to do

wrong as to do right—if not under the direction of authority. Sagacious animals can be trained by rewards and punishments, recognizing the relation of conduct to pleasure and pain—to do right and refrain from doing wrong—within certain limitations of capability. We do not speak of such animals, however, as being moral or conscientious, but as more than ordinarily intelligent.

Moral conduct on the part of the greater number of men whose conduct can be so characterized, is in consequence of habit, enforced originally by authority, and in accordance with instruction, or dictation—not because of the intuitions of "conscience."

The common morals of even the most enlightened peoples, are not original intuitions, but precepts formulated—not by children, nor women—but by the most highly developed, and generally intellectual, *men* of all the ages.

Has Dr. Clouston ever seen a child that had this sense of right and wrong "strongly" developed, from "earliest age" in which other senses were defective, or wanting? He describes a boy of ten years—(Ment. Dis. page 256) "that was not an idiot not an imbecile, and quick intellectually, who could not be taught morality." But if the "moral faculties" are independent, or in any way differ from the faculties manifested by general intelligence, should we not have conscientious idiots?

That the defect in this boy, as described by Dr. C. can not be differentiated from intellectual incapacity will be seen from the following paragraphs. "He (the boy) really seemed incapable of knowing the difference between a lie and the truth, or at all events he never could be got to avoid the one or tell the other. He lied without any temptation, and with no object to be gained. He stole. He had little proper affection for his brothers and sisters and parents; he was incapable of the sense of shame."

(10.) "The question is" says Dr. Clouston, (Ment. Dis. page 225) "have we any examples, where from disease, a man who up to that time had been moral and conscientious, and obeyed in his conduct the laws and social observances had lost his moral sense while he retained his intelligence and reasoning power, having no mental exaltation or depression, and in consequence of that diseased condition spoke and acted immorally? Further comes the question—can he, when the diseased condition is cured and recovered from, regain his former morality in feeling and conduct?

I have no hesitation in answering both questions affirmatively,

because I have seen such cases. It is not a question of theory (moral insanity) but of fact."

Such disposal of the subject may satisfy many less sincere and appreciative admirers of Dr. Clouston than is the writer of this note. But in consideration of the fact that there are so many possible gradations of intellectual capability between the extremes of infantile and mature attainment; between the intelligence of the multitude, and the exceptionally great; one wonders if the persons referred to really retained *all* of their previously developed intellectual capabilities—or if they might not have suffered some deterioration of the higher and finer qualities, the last in order of evolution, and first in order of dissolution—enough to account for manifestations, without the presumption of a distinct or independent moral faculty? The late Dr. George Beard said—(N. Y. Jour. Men. and Ner. Dis., Jan. 1882.) "In all insanity there is moral impairment."

"Insanity without moral decline is not insanity." "The essence of insanity is immorality." "While the immoral are not usually insane, the insane are always immoral."

All of which, conservatively considered, is true. Inasmuch as all insanity is expressive of disease of mental organs, and consequently of retrogressive activities, which begin with the culmination of progressive activities, and impair or destroy first that which was last developed.

(11.) Dr. W. A. Hammond, (Surgeon General, U. S. A., retired list,) read a paper before the N. Y. Medico-Legal Society, March 1st, 1882, in which, after crediting the Pinels, Esquirol, Morel, Dagonet and others, with dim recognitions and imperfect descriptions of a variety of moral insanity, called "reasoning mania"—draws the following sketch, and presents it to the Society as a picture of the disease so named, fortunately now, never more to be mistaken or gainsaid:

"The most prominent characteristic of the disease is an overbearing egotism, which shows itself on all, even the most unimportant occasions. The individual without social position, without wealth, and without political influence conceives that he has only to make his wishes known to those in authority to have them granted. He does not hesitate to push himself forward as an applicant for high office, and this when he has no one qualification fitting him for the position he seeks. Refusals do not dismay him, the most pointed rebuffs do not abash him. . . . The

intense egotism of these persons makes them utterly regardless of the feelings and rights of others, . . . and sometimes they display positive cruelty in their treatment of persons who come in contact with them. This tendency is especially seen in their relation with lower animals. . . . . The egotism of these people is unmarked by the least trace of modesty in obtruding themselves and their assumed good qualities on the public at every opportunity. They boast of their genius, their righteouness, their goodness of heart, their high sense of honor, their learning, and other qualtities and acquirements, and this when they are perfectly aware that they are common-place, irreligious, cruel and vindictive, utterly devoid of every chivalrous feeling and saturated with ignorance."

Can any one who read the newspapers from July 2d, 1881, to the date of this delivery, March 1st, 1882, fail to recognize the then living model?

THE DATA OF RECOVERY FROM INSANITY.*

BY HENRY M. HURD, M. D.,
Superintendent of the Eastern Michigan Asylum, Pontiac, Michigan.

By a recovery from insanity I mean not simply an ability to live at home, under the protection and watchful care of friends, or to make a will devising property, or to testify as to a matter of fact in court, or to know right from wrong, or to count ten, but a restoration to a state of mental soundness in which the individual is as he was in all respects previous to his insanity. It is not my purpose to discuss at length the possibility of this in the abstract, although much has been said with great force and pertinency upon both sides of the question. However we may theorize we are daily confronted with the clinical fact that such restorations do occur. We constantly meet patients who have been restored to sanity, and who lead honored and useful lives; whose minds, in fact, are more active and whose mental horizon is wider than before the attack of mental disease. The most satisfactory explanation, to my own mind, of the completeness of these recoveries is found in the rich endowment of the grey matter of the brain with nerve cells. They are counted by millions, and are practically limitless in number. A certain number of them are unquestionably destroyed by each and every intellectual process, but the supply being boundless, active mental labor, in the great majority of cases, is possible to extreme old age. In comparatively few cases senile dementia proclaims the exhaustion of the brain-cells before the bodily powers are spent. In the

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vast majority of instances, however, the body wears out before the mind, and reason, logical thought, volition and memory are manifested up to the close of life. However severe the draft upon the brain-cells by reason of the morbid mental activity of mania or melancholia, an abundance of unexhausted cells unquestionably remains capable of normal activity after the storm of insanity has passed over. To recruit the brain by rest and nutrition, so that these undiseased cells may assume and persist in healthy mental action, is the task which the physician is called upon to perform during the stage of convalescence from any attack of insanity.

What, then, marks the recovery from an attack of mental disease, and what are the data which assist in the solution of what is frequently a most difficult problem for the alienist? Although the phraseology may differ, all authors substantially agree that the following constitute the pre-requisites of a good recovery: There should be present—

1. A healthy state of the emotional nature;
2. Freedom from delusions, hallucinations, or other intellectual or sensory disturbances;
3. Ability to exercise self-control under the ordinary wear and tear of life.
4. Sufficient good judgment, endurance and mental vigor to enable the individual to resume former cares and responsibilities, or to assume his former position in life.

The emotional nature suffers first in every attack of insanity, and as might naturally be presumed, is one of the last mental functions to be fully restored. The explanation is not far to seek. The emotions are on the surface and disassociated from the intellectual life, but nearly allied to the active, executive or volitional, life of the person, and hence are much more easily

stirred than the intellectual faculties. This is especially true in persons who do not possess much culture or mental training, who think seldom but feel many times a day. It consequently often happens that when delusions are no longer retained, or cease to control the conduct, an emotional instability may still persist to render a longer period of treatment necessary, or even to cloud the prognosis. In some instances, in fact, the tendency to emotional disturbance never entirely passes away, and the recovery is perfect in all particulars but this single one. In such cases there is reason to fear the ultimate development of organic brain-disease. It is self-evident that the mind of a recovered patient should be free from manifest intellectual or sensory disturbances in the form of delusions, hallucinations or any other false ideas. It is, however, important to go farther, and to say that he ought to be able to recognize his former condition of insanity, including the logical inference that he has had delusions. If asked whether or not this is generally done, I shall have no hesitation in saying yes, but I can not affirm that the rule is invariable. Many persons have false ideas of the necessity of seeming to be consistent, and will not compromise themselves enough to acknowledge that they have ever suffered from actual insanity. They acknowledge that they may have talked loudly or behaved strangely, but readily explain that they were suffering from a cold or a fever, or were righteously angry with friends, or under the influence of alcoholics, or in a "trance," and humbly confess to anything but insanity. Sometimes mysterious ways are assumed, and vague intimations given that a flood of light could be thrown upon the whole matter to the great scandal of friends and enemies; but in the truly convalescent patient this light remains forever hid, and nothing more

is heard of these pretended revelations after he is discharged from the asylum. The ability to recognize delusions is often absent even in assured convalescence, because many patients have been wrongly educated, or entertain false beliefs, like a faith in spiritualism, witchcraft or other unseen agencies, and are unable to judge of evidence. With these, morbid religious sentiments are not recognized to be morbid, and are not struggled against because they correspond closely with former religious beliefs, which are held from force of habit. The same is also true of the hallucinations of the believer in spiritualism and witchcraft. It can not be expected that he will correct them because his standard of correct judgment is lost. His mind at best has a debatable region where reason and superstition contend for the mastery, which the alienist should not enter. His normal personality is abnormal to every one else, and this view must be accepted when a judgment is formed as to his recovery. Again, patients are frequently met with who do not possess sufficient education or power of reflection to permit them to analyze mental phenomena or to formally recognize delusions. Like many so-called medical experts they simply recognize the presence of insanity but are unable to go into particulars. Other persons are by nature untruthful, and will not acknowledge an erroneous belief when secretly convinced of its falsity. Can we insist in every case that the delusion be formally recognized and as formally renounced? Clearly not. The moral character of the individual, his mental training, his previous education, his habits of thinking or of *not* thinking, his religious training—these and similar factors need to be taken into account when considering the question of recovery. Some persons can not recognize that they have been insane because they will not; others more candid are wholly unable to do so.

An ability to exercise self-control, and to maintain composure under the ordinary emergencies of life, depends largely upon temperament, previous habits of thought and action, and the degree of mental discipline of the individual. The fervent disciple who becomes emotional and responsive in the weekly class-meeting, or who is moved to tears by the plain every-day appeals of the poverty-stricken, or who is imposed upon by rank impostors, should be judged by a different standard from the man of iron who remains impassive under the most terrible calamities or bereavements. An emergency to one man stirring his whole nature profoundly seems but a trifle to another. I knew a patient who, subsequently to his discharge from the asylum, bore up under an arrest for the suspected murder of a brother, a brother's wife and their two children, and also his own mother, and came out of the trying ordeal, when his innocence was established, without any return of mental disease. I knew another, no less convalescent when discharged, who broke down and suffered from a severe attack of melancholia, which lasted many months, because a son-in-law had been arrested on suspicion of having committed a burglary. The habits of self-discipline acquired in an asylum undoubtedly afford safe-guards against future attacks which were lacking when the first attack was developed. Asylum life is also educational to many patients, by supplying additional topics of thought, new motives for action and more correct views of life—thus enlarging the mental scope of the uneducated or half-educated individual. Still, with all these safe-guards relapses are frequent among recovered patients, and many are unable to endure any long-continued strain upon the mental or nervous energies, although fully recovered when discharged.

How soon should the patient recover, and when may the limit of curability be said to have been passed? The duration of insanity varies widely with individuals and in different forms of disease. Some persons possess great persistency of purpose which works to their disadvantage when wrongly directed, and cling to morbid ideas with great tenacity. Others are easily influenced and relinquish false impressions very readily. Simple, uncomplicated cases of acute mania ought to convalesce under ordinary circumstances in a few weeks, and uncomplicated cases of melancholia in a few weeks or months. There are many cases, however, when restoration to health is a much more tedious process. When I was connected with the asylum at Kalamazoo, I knew a case of melancholia, characterized by extreme restlessness and dominant ideas of unworthiness, who made a complete recovery after a period of ten years, and who has remained well for nearly fifteen years past. His return to his family was very much like the return of Rip Van Winkle, and his astonishment at the growth and development of his children was pathetic. Such cases are not infrequent, and their full restoration after many years of mental distress is to be explained only on the supposition that the derangement of mental function was dependent upon some inhibitory process going on within the nerve cells. I conversed a few days since with a lady who was convalescing from a severe attack of melancholia of eighteen months duration, who fortunately possessed much culture and mental discipline, and was fully able to describe morbid mental states. She told me that her state of mind seemed to be like a mental torpor. A black pall covered everything, and rendered all natural feeling impossible. She had a predominant impression that her husband was dead and her children scattered, but

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E. W., female, aged 50, possessed a strong hereditary tendency to mental disease, and was from childhood excitable and peculiar. In mature years she married a gentleman of advanced age, who was in delicate bodily health. As both possessed infelicities of temper the union was unhappy, and much domestic discord resulted from it. Her husband ultimately failed in business, and the disaster swept away her own little property. She became depressed, reluctant to see company, dissatisfied with her position in life, soured and embittered. This condition continued many months, and terminated in an attack of maniacal excitement. During this she was admitted to the asylum at Kalamazoo in May, 1875. She remained in delicate bodily health, and constantly disturbed in mind for about eighteen months. When her excitement subsided she retained fixed, systematized delusions. She believed that she had been put to death by poison, but miraculously restored to life; that her brother who died in infancy had been gloriously resurrected, and that her own little son had been born as a Redeemer, and was now "Christ again manifest in

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the flesh." When transferred to the asylum in Pontiac in 1878, she retained these delusions in full force, and was completely dominated by them. She continued incoherent in conversation and lacking in self-control until 1880, when, as a result of a timely renewal of home associations, she dropped her delusions and rapidly convalesced. In May, 1881, just six years to a day from the date of her admission to the asylum, and more than seven years from the date of the commencement of mental derangement she was discharged recovered. She has lived at home, and has taken care of her house for the past five years.

The other case presents many similar features.

S. B., female, aged 25 years, was admitted to the Eastern Michigan Asylum in October, 1879. Her parentage was healthy and free from mental disease. Her father had been intemperate. Her insanity had developed slowly and was ascribed to over-fatigue in nursing a sick child three years before. She suffered at first from nervous prostration with hysterical symptoms, and gradually became restless, excited and maniacal. Nine months prior to her admission she had been placed in an asylum in the city of Detroit because of an attack of noisy mania, and remained seven months, but was finally removed to a lying-in hospital to be confined. Twelve days after the birth of her child she was brought to the asylum at Pontiac as above mentioned, and was then loquacious, excited, incoherent, noisy and violent. For weeks, months and years her condition went from bad to worse. She became very destructive, dangerously violent, degraded and apparently demented, and all hope of recovery was abandoned. When visited by her relatives she paid no attention to them, and had no appreciation even of the presence of her children. In the spring of 1885

she suddenly began to improve. In April she was visited by a sister, whom she readily recognized, and with whom she conversed pleasantly without displaying any delusions. Her mind seemed weak, and she was confused and childish. She gained in mental vigor, and by June was able to write connected letters and to engage in conversation in a natural manner. The occurrences of the past five years were a blank, and she could not be induced to believe that she had been in the asylum more than a year. She had no recollection of former attendants or fellow patients, and seemed like a person who had awakened from a profound sleep. In August, 1885, she was removed convalescent by a brother, and has since resided at home. At the time she left the asylum she had little appreciation of the gravity of her disease. It is true that she entertained pleasant feelings towards the asylum and its officers, and was grateful for what had been done for her, but there was present a degree of restlessness and desire for change, which I have always associated with the stage of convalescence rather than of complete recovery. A return of her disease at some future time is not improbable. Mental derangement had existed in this case fully seven years. In neither of the above cases was a favorable prognosis warranted until within a few months of her discharge, and with equal force in the light of the termination it may be said that an unfavorable prognosis was no more warranted.

In this connection the question arises how soon we may consider general paresis and other forms of grave disease beyond all hope of recovery. I formerly thought that when a patient had developed paretic seizures I was justified in giving a certificate of probable incurability to Health Associations and Life Insurance

Companies, when these organizations were lacking in permanency and financial stability, and it seemed probable that dependent relatives would ultimately secure nothing unless a speedy settlement was had on the basis of a presumably fatal termination of the disease. In one case however under my care a patient made a recovery after paretic seizures had occurred and has been able to maintain himself at home by his own labor for several years past. In "primary monomania" or paranoia, the stage of "transformation" so-called, when the delusions of persecution yield to dominant delusions of exaltation, marks the limit of curability. In mania, melancholia or epilepsy, the development of dementia negatives the hope of cure, but does not forbid the possibility that composure and self-control may finally be re-established to such a degree that the patient can ultimately reside outside of an asylum. It is frequently impossible to differentiate "melancholia with stupor" from dementia. All asylum physicians can doubtless recall cases when the former condition has been regarded as dementia and have given an unfavorable prognosis which was not verified by the subsequent history of the case. I am of the opinion that all cases of so-called acute dementia are really cases of melancholia with stupor. The former term is misleading and unsatisfactory, and fails in every case to describe the exact condition present. The form of mental disease considered as an entity, and not its mere external manifestation as mania, melancholia or apparent dementia after all, generally determines the question of curability. For this reason, as has been well said by Dr. Clouston, the clinical classification introduced by Dr. Skae and modified by more recent observers is of great service in prognosis. According to this it may be asserted generally that mental derange-

ments which do not have an origin in constitutional diseases like phthisis, cancer, Addison's disease, Bright's disease, tertiary syphilis, and organic brain disease, or in defects of brain constitution, instabilities of nervous organization or states of mental degeneration like the hysterical, epileptic or pubescent insanities are generally curable. Perhaps a word of explanation as to an unfavorable prognosis in pubescent insanity may not be out of place. In my experience most cases of recurrent, circular or periodic insanity have their origin at puberty, and are due to an original unstable state of the nervous system, as is shown by the mental failure which follows an attempt to take on the second stage of physical and mental development. The inherent vice of the constitution is so great, the mental faculties yield to the first strain which is put upon them. The partial recovery which follows is rarely a complete restoration, and a vicious cycle of depression and exaltation, excitement and stupidity is established. Hence pubescent insanity is generally an evidence of a degeneration which is congenital, and from its nature incurable. Among this class of cases rapid recoveries and speedy relapses are found to occur. The mind has no tenacity, no fibre, and can not hold a condition of health or disease long. The apparent health is a sham, and the apparent disease is not continuous. The delusions do not become systematized, and the morbid manifestations are those of depression, purposeless excitement or moral perversion.

The permanency of a recovery depends upon the original mental constitution of the individual, his hereditary tendency to mental disease, his degree of mental discipline, his habits as to labor, excess or mental strain, his ability to guard himself from disturbing influences, the form of disease from which he suffered, and last but

not least, his home surroundings and domestic relations. If there is a defect or deficiency in any wide-reaching mental characteristic, or an untoward element in any relation in life, the chances of future relapses are largely increased; in some instances a repetition of the calamity is inevitable. A lack of permanency in the recoveries of persons possessing a neurotic organization is no just ground of reproach to the alienist, because similar morbific influences acting upon a defective or susceptible organization are as competent to produce a second attack of insanity, as a first. If the course of every patient after he left the asylum could be wisely controlled, or if his home surroundings could be made ideally perfect, there would be fewer second attacks and imperfect recoveries. Like the "crooked man" in the nursery rhyme, who got a "crooked" wife and lived "crookedly" thereafter, the neurotic man instinctively marries a neurotic wife, lives in a neuropathic way, engages in a neuropathic occupation, and logically develops a second, third, fourth and (if he lives in Massachusetts) possibly a twelfth attack of insanity. The relapse of such a patient is no discredit to the alienist physician. To cure him at all, to say nothing of twice, thrice or more times, is a triumph of scientific skill under the circumstances.

How soon should a patient be discharged from the asylum? As soon as he is natural in manner, free from irritability or restlessness, and is unaffected mentally by bodily infirmities and slight ailments. If a female of proper age menstruation should be re-established in a normal manner. He should neither be depressed nor elated. He should feel kindly towards his friends and towards the asylum. There should be no radical changes in his religious beliefs, his political affiliations or his social aims. Above all, there should

be an entire freedom from moral perversion. The "facile, easy liar," developed by successive attacks of recurrent mania or by circular insanity, ought never to be classed with recovered patients, no matter how skilfully delusions and eccentricities of conduct may be concealed. The moral perversion points to a hidden, intellectual derangement and an abnormal brain action.

Are we justified in keeping patients continuously under treatment until they fully meet the above requirements? Yes, or at least until it is demonstrated beyond a doubt that further asylum treatment is not likely to be of permanent benefit. When asylum treatment fails, it is then advisable to try the effect of an experimental removal. In some instances actual contact with the world, and the renewal of home associations will suffice to remove symptoms which could not be successfully combated in the asylum.

URETHAN.*

BY J. B. ANDREWS, A. M., M. D.,
Superintendent of the Buffalo State Asylum for the Insane, Buffalo, N. Y.

Urethan, or carbamate of ethyl, is one of a class of ethers, derived from carbamic acid. This acid has certain chemical relations with urea, and it is on this account that these ethers have been called urethanes.

I quote from a translation by Dr. F. R. Campbell, of Buffalo, of an article by Henri Huchard. He gives the formula of urethan as NH,CO,C,H. It is found to consist of rhomboidal crystals, fusing at 55°, and distilling at 180°, soluble in alcohol, water and ether.

It was introduced in therapeutics by Schmiedeberg of Strassburg, and has been studied by Jolly and Jacksch of Vienna, by Reigel and Sticker of Giessen, and by Dr. A. L. Myrtle, who gives a record of his experience in the *British Medical Journal.* The first experiments were made upon rabbits and Guinea pigs, in which cases it was pushed to its fullest effects. It was given hypodermically, but produced an irritation similar to that of chloral, "which prevents its being used by this method on the human subject."

I give a brief compend of the observations of experimenters.

Dr. VonJacksch's investigations were made on twenty cases, with one hundred and ten separate observations. They embraced several varieties of pathological conditions, in many of which other hypnotics were contra-indicated, and urethan rarely failed to produce marked hypnotic effects.

* Read before the Buffalo Medical Club, June 23, 1886.

The *Therapeutic Gazette* in giving a report of its investigation, says:

> It seems clear that the principal action of urethan is on the brain, without producing any marked irritation of the peripheral or sensory apparatus—consequently it is useless in the treatment of neuralgic pains, as well as in the pains of locomotor ataxia. But in other conditions, where sleeplessness is the main symptom to be combated, urethan seems to possess the greatest advantages, since it is well borne by the patient; it produces absolutely no unpleasant symptoms, and the sleep which it produces seems identical with normal physiological sleep.
>
> It would also appear that this remedy is particularly suitable for use in the treatment of diseases of children where the need of a safe and sure hypnotic is greatly felt.

The Doctor gave it in doses of from seven and one-half to fifteen grains.

Dr. Huchard, in the translation spoken of, says that he has prescribed urethan in fourteen cases suffering from various degrees of insomnia, and affected with various diseases. With the exception of two cases of tuberculosis with incessant coughing and great dyspnœa, all derived benefit from this drug, which produced calm, peaceful sleep without dreams, digestive disturbance or headache as the sequelæ, and that sleep comes on in from ten minutes to one hour after the administration of the medicine, and lasts from four to ten hours.

The dose which he has given to adults is three or four grams, equal to forty-five and sixty grains. This dose produces better effects than the one and two gram doses directed by most German writers.

Another point Dr. Huchard makes, which I believe to be especially important in cases of insomnia, to produce the best results, is: that the medicine should be given in one large undivided dose. This is much more efficient than giving it in smaller and divided doses.

As a conclusion he states, that he has never seen urethan produce any unpleasant symptoms relating to the stomach, heart or nervous system; hence the remedy may be given with advantage to overcome the restlessness of dyspeptics and those suffering from heart disease, debility and nervous prostration, and that this arises from the fact that urethan is a pure hypnotic and almost destitute of analgesic properties.

Dr. Sticker derives the following conclusions from his investigations as to the action of urethan. This is from the *Therapeutic Gazette* for March, 1886:

Urethan is an excellant cerebral hypnotic, and possesses advantages over the usual hypnotic, in that it is well borne, produces absolutely no unfavorable symptoms, and causes sleep which appears to be perfectly similar to the physiological state.

Urethan appears to be indicated in cases in which the other hypnotics, either on account of their unfavorable action on the heart or respiration, on account of their taste or for some idiosyncrasy of the patient, have to be reduced or stopped.

The minimum dose is fifteen grains, and in persons from fifteen years of age upwards this may be increased to sixty grains without danger.

Dr. A. L. Myrtle reports that since October he has been using urethan in a variety of cases with satisfactory results.

I have used it in over fifty cases as a sedative and hypnotic, and my experience of its action encourages me to recommend it to the readers of the *British Medical Journal*, believing that in certain cases it will prove of great value.

The cases in which I have prescribed it were in the usual run of every-day practice where a sedative or hypnotic was required: general restlessness, sleeplessness, neuralgic catarrh, certain forms of skin affection with great irritation, also rheumatism and gout.

He reports a case as follows:

One gentleman who had suffered from insomnia for weeks, and who can not tolerate opium or chloral took fifteen grains at bed-

time with the most perfect results. He wrote to me stating: "The sleep caused was the most pleasant and refreshing. I woke without a headache, with appetite for breakfast, and what was equally agreeable, there was no interruption of any of my functions."

He sums up his experience; that the remedy is decidedly calmative and agreeable, causing no unpleasant effects, such as nausea, flatulence, constipation or headache. It does not affect the nerve centres, circulation or respiration, but spends itself upon the cerebrum. He then states that the only objection to it is its price.

These are all the experiments with the drug that have fallen under my eye. I determined to make some personal investigation, and after considerable trouble succeeded in obtaining a small quantity of the drug. This is manufactured by Merck, and put up in ounce bottles at a cost at first of $2.25 per ounce, now reduced to $1.65.

The first experiment was made on the 8th of May, when I took thirty grains of urethan at three P. M. Before taking it, the pulse stood at eighty; in fifteen minutes it had fallen to seventy; and at forty minutes was substantially the same. I fell asleep while sitting in my chair about half an hour after taking the medicine. The sleep was natural without any unpleasant sensations, without disturbance of respiration or the pupils of the eye. It was not prolonged, but was interrupted by the taking of the sphygmographic trace. After this interruption no further opportunity was given for sleep, as I got up and walked about.

On May 14, a second experiment was made. I took fifty grains of urethan at 8.25 P. M. The pulse before taking stood at eighty-eight, in fifteen minutes the pulse was reduced to eighty-two, and in an hour after

taking to eighty. At nine o'clock, thirty-five minutes after taking the drug, I fell asleep. At 9.20 tracing was taken; at 9.35 I was awakened by a report from the night-watch regarding patients which demanded my attention. This aroused me so fully that I did not sleep again. The character of the sleep and the effects of the drug were the same as before reported.

On May 27th the third experiment was made. I took sixty grains of urethan at ten minutes past nine P. M.; pulse before taking stood at eighty-six, in ten minutes had fallen to eighty-four; in forty minutes to seventy-two, and in fifty minutes to seventy. A tracing was taken ten minutes after taking the medicine, another forty minutes after, and another fifty minutes after. At 9.35, twenty minutes after taking the medicine, I was asleep. At 9.45 sleep was profound, respiration seventeen. At 10 P. M., I still slept, respiration sixteen; after this I was awakened, and though feeling profoundly sleepy I did not yield further to the sensation. Retired at 11 o'clock, and slept soundly as usual all night.

In all of these experiments the sleep seemed to be of a strictly physiological character. Its approach was normal, and on awaking there was no headache nor any feeling other than that of having been aroused from pleasant sleep. There was no subsequent disturbance of the stomach of any kind, and, in fact, nothing to distinguish it from a pleasant period of repose.

The drug was taken simply dissolved in water and no attempt made to cover it. The taste is not unpleasant, resembling in a mild degree that of spirits of nitre.

For administration, it can be readily covered by any of the ordinary excipients. In regard to the tracings taken, I was unable to make out any marked effect upon the character of the pulse, except a reduction in the number of the beats, hence these are not presented.

I have prescribed the remedy in more than twenty cases in doses from seven to sixty grains, and give a record of a portion of these.

The first dose of seven grains was given to a man, case of dementia, and as might have been expected, produced no appreciable results.

Second case, a woman, chronic mania, who is frequently noisy and out of bed for hours at a time, took twenty grains and slept all night. This was followed by four nights of quiet rest, without medicine, then followed a night of unrest, after which, under a repetition of the dose, she slept well.

Third case, woman, chronic mania, who had the previous night been noisy and out of bed for hours, received a dose of twenty grains, and slept all night.

Fourth case, woman, with acute mania, was awake, out of bed and noisy the whole night previous to taking it; was given thirty grains and slept well; the following night she received nothing and slept well; the next night, however, she was awake for several hours. The following night was given thirty grains, and slept well.

Fifth case, a woman, chronic melancholia, was awake all the previous night, slept well under thirty grains of urethan.

Sixth case, woman, with dementia, had been awake and out of bed all night prior to taking the medicine, slept well under twenty grains.

Seventh case, woman, acute mania, was awake the whole of the previous night, slept well under a twenty grain dose. The second night thereafter was wakeful, but slept well the following night upon another dose of twenty grains.

Eighth case, woman, with chronic melancholia, was awake all night previous to taking the medicine, but slept well under thirty grains.

Ninth case, woman, with general paresis, awake all night previous, slept well under thirty grains.

Tenth case, woman, acute mania, violently excited, noisy, awake all the night previous, slept well under thirty grains.

Eleventh case, man, with acute melancholia, who had been restless and sleepless, slept well under thirty grains.

Twelfth case, man, with general paresis, who had been violently disturbed, slept well under fifteen grains. This soon lost its effect, but it was regained under the use of a dose of thirty grains. After a short period, he became disturbed and sleepless again, and was given doses of forty, fifty and sixty grains, which controlled him a part of the time; some nights, however, it seemed to have very little effect.

Thirteenth case, man, with general paresis, who had been noisy and disturbed, slept well under twenty-five grains, and in one instance slept all night under the use of twenty grains.

Fourteenth case, man, with acute violent mania, received the first night after admission, bromide of potash and chloral hydrate, each twenty grains. The first night slept well; the second night was awake and out of bed three hours; third night was given forty grains of urethan, slept all night; fourth night the same, with the same result; fifth night no medicine was given, awake until two o'clock. In this case it has since been carried up to sixty grains with good results.

Fifteenth case, man, with melancholia, had steadily improved, and had reached a very comfortable condition when he became restless and sleepless at night. The state seemed to be one of simple insomnia. He was given fifteen grains, which was continued for one week, giving good refreshing sleep and breaking up the previous sleepless condition.

Sixteenth case, a man, with acute mania. The night before taking the urethan, was awake and noisy most of the night. Was given fifty grains and slept well. On the second night he was given the same dose at ten o'clock and slept all night, after twelve. The third night under the same dose slept all night; the fourth night all night, also the fifth, sixth and seventh nights. Medicine discontinued and patient was awake from one o'clock, and the following night from three o'clock on.

Seventeenth case, man with paresis, who was noisy, sleepless and out of bed pounding on the door prior to taking the urethan, the following night was given fifty grains, and slept all night. Under the same dose the second night he was disturbed for one hour. Upon the third night slept all night. The fourth night was awake from twelve until morning. Fifth night slept all night; sixth night same; seventh, medicine was discontinued. He was noisy and disturbed most of the night. From this time his sleep was somewhat broken, though better than before the medicine was given.

Eighteenth case, man, with acute mania, who had been persistently noisy and awake several hours every night for weeks together, was given thirty grains of urethan and slept all night. The following night he was given forty grains, and slept well until three o'clock, after which he was noisy. The following night no medicine was given, and he was noisy and out of bed from one o'clock.

On analyzing the cases we find that there were nine of women and nine of men. Divided as to forms of insanity, acute mania, 6; paresis, 4; melancholia, 4; chronic mania, 2; dementia, 2.

The dose most commonly given was thirty grains. In two instances, however, it was carried to the extent

of sixty grains. This was ventured upon after my personal experience with the same dose.

So far the results have been quite favorable, and show that urethan has marked hypnotic power. There were in no case any unpleasant results of any kind. There is nothing to indicate any further action than upon the cerebrum. The effects of the drug were felt, so far as we were able to judge, within an hour after its administration, and the sleep lasted in most cases from the time of observation, commencing at ten o'clock, until five o'clock in the morning.

We do not consider these experiments sufficient to enable us to speak positively of the effect of the drug, or to give it its true position as a sleep producing agent. This can be done only after it has been used a long time and in large quantities. They are, however, such as to lead us to recommend its trial in cases where other drugs are contra-indicated, either from the pathological state present, the unpleasantness of the dose, or the peculiar idiosyncrasy of the patient.

It may do well in private practice, where there is such a demand for a variety of hypnotic drugs, and I would commend it to you for careful consideration and further use.

We have used in all something over five ounces of urethan. This upon an average of thirty grains to a dose, which is probably very nearly correct, would give eighty doses as having been administered.

Equally good results followed in cases which have not been reported as in those which are referred to in this paper.

NOTE.—Since this paper was read, one or more observers have recorded nausea as a symptom following the administration of large doses of urethan. In the discussion which followed the reading of the paper before the Club, Professor Stockton, of Buffalo, reported a case of nausea and vomiting produced by full doses of the drug.

CLINICAL CASE.

ACUTE MELANCHOLIA CAUSED BY IMPACTED FÆCES.

BY H. A. HUTCHINSON, M. D.,

Superintendent of the Western Pennsylvania Hospital for the Insane, Dixmont, Pa.

Mrs. S., aged 40 years, was recently admitted to the Western Pennsylvania Hospital for the Insane.

At the time of her admission she was suffering from acute melancholia, was very weak, extremely emaciated, skin bronzed, dry and harsh, hair dry and falling out, and all the secretions of the body were perverted.

In her conduct she was very suicidal, destructive of clothing, and presented the appearance of abject despair. Conversation was entirely incoherent, though she gave evidence of a few systematized delusions—that her body was infected with vermin and snakes, and her clothes with moths, which she tried vainly to drive away by frequently tearing her clothing and burning it.

The previous history of the case, obtained from her husband, was that of a gradual decline in bodily health during the past year, and the appearance of insanity within the last three weeks. Constipation had been constant, and more recently there had been inability to void urine, requiring the use of a catheter. Menstruation had ceased some years previously.

The family history told of three other members who had been insane, neither of whom recovered—two sisters and an uncle. The cause of insanity was stated as unknown. The medical treatment combined tonics,

frequent applications of blisters to the nape of the neck, laxatives, and at night large doses of bromide of potassium and chloral.

Laxatives, when employed, were said to have always caused free movements of the bowels, but their use was followed by increased excitability.

Upon being admitted to the hospital, the patient was immediately placed in bed, and thoroughly examined.

In addition to the already detailed marked evidences of her exhaustion, a distinct tumor could be felt through the thin abdominal walls, following the course of the rectum and sigmoid flexure, and making the introduction of a catheter to relieve her distended bladder almost impossible.

The tumor was at once thought to be an accumulation of hardened fæces, and the cause of ill-health and consequent insanity. Removal of the mass was accomplished only after much persistent effort for several days, and the employment of the various suitable injections, together with the free use of the scoop.

Rapid improvement in the patient's mental condition followed this procedure, and in less than one month she was discharged in perfect health of body and mind.

ABSTRACTS AND EXTRACTS.

THE ENGLISH LUNACY REPORT FOR 1885.—From an editorial in the *London Lancet* of July 17, 1886, on the English Lunacy Report for 1885, we make the following extracts, which sustain the views of this JOURNAL in regard to the alleged increase of insanity:

"The number of lunatics known to the Commissioners on January, 1st, 1885, was 79,704; the number recorded for 1886 is 80,156, an increase of only 452, although the estimated growth of the population has been from 27,499,041 to 27,870,586 or 371,545, so that the increase of lunacy, as far as the Commissioners are informed, amounts to about 1 in 823, the total proportion of known lunatics to the population being about 1 in 349. As to the details of this aggregate number, the Commissioners say: 'The total number of lunatics on January 1st last—namely: 80,156—was composed of 7,792 of the private class, (3,968 males and 3,824 females,) 71,663 paupers, (31,586 males and 40,077 females), and 701 criminals, (533 males and 168 females).' The particulars of the change of numbers they give as follows: 'These figures show, as compared with January 1st, 1885, an increase of 41 (18 males and 23 females) of the private class, an increase of 448 (253 males and 195 females among the paupers, and a decrease of 37 (23 males and 14 females) in those classed as criminals. The total increase of the year, 452, is much below that of any preceding twenty-seven years, to which these returns extend.' This should dispose of the notion that there is an increase of lunacy. The notion has been preposterous from the outset. The institution of a system of classification and record in relation to the insane has resulted, as it was likely to result, in gradually bringing the unsound of mind under the notice of the public. Many circumstances have conduced to make this work progressive, and there has consequently been an increase of registered lunatics, but we see no reason whatsoever—and we have never discovered any reasonable ground—for supposing that the actual number of occurring cases of insanity has increased year by year more rapidly than the population. The ratio per 10,000 of total lunatics to the population, as given in the Commissioners' table for 1859, was 18.67. This ratio of known lunatics has steadily increased, until in 1885, last year, it reached 28.98. This year it

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ABSTRACTS AND EXTRACTS.

THE ENGLISH LUNACY REPORT FOR 1885.—From an editorial in the *London Lancet* of July 17, 1886, on the English Lunacy Report for 1885, we make the following extracts, which sustain the views of this JOURNAL in regard to the alleged increase of insanity:

"The number of lunatics known to the Commissioners on January, 1st, 1885, was 79,704; the number recorded for 1886 is 80,156, an increase of only 452, although the estimated growth of the population has been from 27,499,041 to 27,870,586 or 371,545, so that the increase of lunacy, as far as the Commissioners are informed, amounts to about 1 in 823, the total proportion of known lunatics to the population being about 1 in 349. As to the details of this aggregate number, the Commissioners say: 'The total number of lunatics on January 1st last—namely: 80,156—was composed of 7,792 of the private class, (3,968 males and 3,824 females,) 71,663 paupers, (31,586 males and 40,077 females), and 701 criminals, (533 males and 168 females).' The particulars of the change of numbers they give as follows: 'These figures show, as compared with January 1st, 1885, an increase of 41 (18 males and 23 females) of the private class, an increase of 448 (253 males and 195 females among the paupers, and a decrease of 37 (23 males and 14 females) in those classed as criminals. The total increase of the year, 452, is much below that of any preceding twenty-seven years, to which these returns extend.' This should dispose of the notion that there is an increase of lunacy. The notion has been preposterous from the outset. The institution of a system of classification and record in relation to the insane has resulted, as it was likely to result, in gradually bringing the unsound of mind under the notice of the public. Many circumstances have conduced to make this work progressive, and there has consequently been an increase of registered lunatics, but we see no reason whatsoever—and we have never discovered any reasonable ground—for supposing that the actual number of occurring cases of insanity has increased year by year more rapidly than the population. The ratio per 10,000 of total lunatics to the population, as given in the Commissioners' table for 1859, was 18.67. This ratio of known lunatics has steadily increased, until in 1885, last year, it reached 28.98. This year it

is 28.76, a fraction lower; yet there has, we maintain, been no increase of occurring cases, the apparent increase being due to the more extended recognition of lunatics and to the fact that their lives have been prolonged by more humane and careful treatment, so that the same inmates of asylums are counted in a larger and increasing number of annual returns."

Lunatic Asylums in Switzerland.—Twelve Swiss cantons possess public asylums and seven private asylums. Of the public asylums the cantons of Zurich and Thurgovie have two each, whilst Berne, Lucerne Fribourg, Soleure, Bâle-ville, St. Gall, Argovie, Vaud, Neufchâtel and Geneva each have one only. The largest of these public institutions are the two in Zurich; they are together capable of containing 820 patients. ' The ten cantons which possess no lunatic asylums arrange to send patients to asylums in the cantons already named as possessing them. The oldest asylum in Switzerland is that at Geneva; it was founded in 1838. The most recent is that at Marseus in Fribourg, established in 1875. Besides these public asylums, there are also private asylums (some of them on a large scale, such as those at Stammheim and Männedorf in Zurich) situated in Geneva, Berne, St. Gall, Argovie, Thurgovie and Vaud.—*Dr. James Adam in London Lancet, August* 7, 1886.

Suicide in Russia.—Some instructive statistics are published by a St. Petersburg paper (the *Novosti*) with regard to the concurrent increase of suicide and insanity in Russia. The inmates of the asylums at St. Petersburg have doubled within the last ten years, and this is ascribed by the *Novosti* to the great spread of pessimistic and Nihilist doctrines. In the early part of the century the number of suicides was at the rate of only 17 per 1,000,000 inhabitants, while it is now nearly 30 per 1,000,000, and in St. Petersburg itself there are more suicides than in any other capital of Europe except Paris, there being 206, as against 170 in Berlin and 87 in London. The increase commenced about twenty-five years ago, and of late years it has been so rapid that while the population has risen by only 8 per cent., the increase in the proportion of suicides has been 76 per cent. The number of cases of insanity has not kept pace with the number of suicides, though

they, too, have increased at the rate of 35 per cent.; and it is pointed out that, while meat is 20 per cent, and house rent 35 per cent, dearer than it was, the number of sucides has been out of all proportion greater, so that want can not be the sole cause of this increase. The most distressing part of this return is that which tells how no fewer than 42 boys and 15 girls between eight and sixteen years of age committed or attempted to commit suicide in the last ten years, mostly because their parents maltreated them. —*Ibid.*, August 21, 1886.

Lunacy in Ireland.—The thirty-fifth report on lunatics in Ireland, contains the following significant passage: "With reference to these admissions we can not but think from personal observation or visits of inspection to asylums, and the opinions of resident physicians in them that in the past year, much more than previously, acute attacks of insanity were caused by a want of nutritious food, and at the same time by continuous indulgence in raw spirituous liquors of bad quality. The patients so affected, and physically of good frame, were recognisable from their pallid, emaciated features, extreme irritability, waywardness, and disposition to violence." This is a matter of much moment, and ought to be investigated. The reporters also speak of insanity feigned to obtain and secure the opportunity of self-destruction. —*Ibid.*, September 4, 1886.

The Brain of Gambetta.—M. Duval (Director of the Laboratory of Anthropology) has recently given to the Society of Anthropology at Paris a detailed description of the external configuration of the brain of Gambetta. He draws special attention to the fact that the cortical structure in the neighbourhood of Broca's convolution has become markedly augmented. Usually this part of the brain assumes the form of an M, the two vertical limbs or sulci enclosing a small valve-like portion in the shape of a V. In the brain of Gambetta, however, as has been noted in other cases as well, this V-shaped portion has become doubled on itself, and assumed the form of a W instead of a V. When we recall the fact that Broca, in his memoirs, attributes to this part of the cerebral cortex (left or right sided, according as the individual is right or left handed) the function of articulate language, the unusual development of this convolution in Gam-

betta and others, confirms, to a certain extent, this opinion now generally accepted. Gambetta was a great orator, his memory for words being most remarkable. He had acquired a rapid and most exact method of expressing his ideas. It is, therefore, somewhat admissible to associate his great oratorical power with this increased growth of cortical tissue in the neighbourhood of Broca's convolution.—*British Medical Journal*, July 31, 1886.

THE ACTION OF URETHAN.—Dr. Emil Kræpelin contributes an article to the *Neurologisches Centralblatt* (March 1st), on the action of urethan. The reports on this hypnotic have up to the present, been uniformly favourable. Kræpelin's experience has been of a like character. He has given the drug in about 200 instances. Most of his cases were cases of insanity; but thirty-four instances of various other diseases were included. The dose ranged, as a rule, from 1 to 3 grammes; occasionally a dose of from 4 to 5 grammes was given. No unpleasant effect on the heart or nervous system, either during the action of the drug or afterwards, was ever noticed. In one case of alcoholic gastric catarrh, vomiting was produced by the large dose. The appetite, however, was never in the smallest degree impaired, even by the continuous use of the drug for several weeks. Urethan acts as a genuine hypnotic. Ten or fifteen minutes after taking it, a quiet sleep comes on, which lasts for several hours, and from which the patient wakes up without any unpleasant feeling about the head. Should the sleep be interrupted by any external cause, the patient generally falls off to sleep again as soon as the disturbance is removed. The certainty of the drug's action depends upon the cause of the sleeplessness, and on the dose. It is not a hypnotic of great energy, and, in case of great excitement it is of little value. In such cases, it is far inferior to paraldehyde. In delirium tremens, especially, it failed. Perhaps, however, if higher doses were given in these cases, the result might have been more satisfactory. For the relief of pain, the author does not consider it of any use whatever. In cases of phthisis, the combination of a small quantity of morphine was found useful. When given in doses of 1 gramme, it acted sufficiently in 54 per cent. When the does was 3 grammes, the result was favorable in 70 per cent. The form of mental ailment, in most cases, was general paralysis or melancholia. In the excited stages of general paralysis, small doses were frequently altogether without effect. The larger doses, in such cases, gave a satisfactory result in 60 per cent of the cases.

In the higher degrees of excitement, in mania, for example, as well as delirium tremens, the author found himself obliged to have recourse to paraldehyde. In melancholia, the drug gave better results; it secured quiet sleep in 77 per cent. The patients were all women, and many of them were very anæmic. Amongst the most favourable indications for urethan, the author places exhausting diseases, feverishness, and lower nutrition. One great advantage which this drug has over paraldehyde is, that it is not so unpleasant to the smell or taste; and it can, if necessary, be taken in simple solution, without any flavouring or disguising agent.—*Ibid.*, September 4, 1886.

Insanity Following Gunshot Injury to the Head.—Dr. C. F. MacDonald, Superintendent of the Asylum for Insane Criminals, Auburn, N. Y., reports in the *International Journal of Medical Sciences* for April, 1886, an interesting case of insanity following an injury to the head, which was successfully treated by surgical interference. The history of the case is, in brief, as follows:

D. D., æt. 27, of intemperate habits, was admitted into the State Asylum for Insane Criminals, on June 6th, 1885, in a state of violent maniacal excitement. He was supposed to have been suffering from mental disturbance, and excessive irritability, presumably caused by the wound of a pistol ball, for some months previously. There was no paralysis, no disturbance of sensation or of the special senses. Any attempt to examine the head caused an increase of violence. The patient was evidently suffering from intense pain in the head which he endeavored to alleviate by tearing at his hair. An examination of the head revealed a nearly circular depression of the skull, about half an inch in diameter and about a quarter of an inch deep at the centre, situated over the first frontal gyrus in the right-side, being about 1 3-8 inches from the hairy scalp, and 3-8 inch from the median line. The slightest pressure upon this point seemed to produce intense pain, and would throw the patient into violent bodily agitation. He required constant watching to prevent him from inflicting self-injury. From the nature of the symptoms, and in the absence of information as to the removal of the bullet, Dr. MacDonald determined to operate. It was found that the opening in the skull was closed, not by osseous tissue, but by a dense fibrous structure. It was then decided to explore the region beneath the dura mater by means of a hypodermic syringe, which would serve the double purpose of probe and aspirator. Three insertions gave no

result, but the fourth passed in a direction downwards, forwards and outwards, immediately filled the syringe with a clear serous fluid, of which ʒ ii were removed. This was deemed sufficient interference so that the wound was closed. As soon as the effects of the anæsthetic had passed off, the patient began to talk in a perfectly rational manner, and was greatly delighted at finding that he no longer had the headache which had been constant for two years previously. He then gave an account of the pistol shot, which was self-inflicted. The ball had been removed at the time. After the operation the patient progressed uninterruptedly to perfect health. The points to which Dr. MacDonald calls attention are the following:

1. A lesion located anteriorly to that portion of the first frontal gyrus included in the centre marked 12, by Ferrier, and which is now regarded as the anterior boundary of the motor area giving rise to psychic derangement, and unaccompanied by motor or sensory disturbance, furnishes affirmative evidence, both positive and negative, of the correctness of the view held by a majority of modern neuro-psychologists, namely, that the motor and sensory areas of the cerebral cortex are not located in that portion of the brain lying anterior to the coronal suture and aptly designated by Ferrier, "the prae-frontal lobes or antero-frontal region."

2. That when not in a state of inflammation, the brain substance may be punctured with a fine, clean needle, with comparative immunity from danger or disturbance of function.

3. The certainty that recovery in this case was directly due to the operation.

4. Cases of insanity, dependent upon injury to the head, and accompanied as they usually are, by mental irritability and explosions of temper, are, as a rule, so seldom benefitted by drugs or the so-called moral treatment, that they have come to be regarded as incurable from the beginning; in fact, I believe it is the custom of most writers upon insanity to speak unfavorably regarding the prognosis in these cases. That the prognosis is bad in a considerable proportion of cases of traumatic insanity must, I think, be conceded, but it is equally true that a certain limited number may be cured, or, at least, greatly improved by timely surgical interference. Obviously, the cases which are most likely to be benefitted by operative procedure are those of which the one first reported is a type—that is, cases with depression of the skull, in which the location of the brain lesion can be determined with a reasonable degree of accuracy, the site of the lesion being such as to render the use of the trephine anatomically admissible.

BOOK REVIEW.

A System of Practical Medicine by American Authors. Edited by WILLIAM PEPPER, M. D., LL.D., Provost and Professor of the Theory and Practice of Medicine in the University of Pennsylvania, Philadelphia: Lea Brothers & Co. 1885.

The fifth and last volume of Pepper's System of Practical Medicine is now before the profession. It is an excellent book, and completes what may perhaps be considered the most creditable contribution to the medical literature of the nineteenth century that has yet appeared in America.

The distinguished editor deserves credit for the skill and energy that have enabled him to push so great an enterprise to so successful an issue within the short period of eighteen months.

The complete work contains one hundred and eighty-five articles, written by ninety-nine authors, and covers five thousand six hundred pages. It is marked throughout by conscientious attention to detail, and the claim that it has been made of a practical nature and adapted to the needs of the general practitioner seems fully sustained. The volume under consideration is a comprehensive presentation of a department of medicine that is perhaps farthest removed from the exact sciences, and in treating which many reputable writers have been prone to indulge in vague, if glittering, generalities, namely, the diseases of the nervous system.

The first two articles are from the pen of Dr. E. C. Seguin: one on General Semeiology and the other on Localization of Lesions in the Nervous System. The first article consists of a somewhat elaborate discussion of psychic, sensory, and motory symptoms, and of the principles of diagnosis. The author's clear and concise

definitions are highly commendable, and will be incidentally instructive to physicians who in their certificates of lunacy are given to the interchangeable use of the terms illusion, delusion and hallucination. The article on localization is well illustrated, and reflects the most recent advances in spinal and cranio-cerebral topography.

An article on Mental Diseases by Dr. Charles F. Folsom is a carefully prepared review of a subject always difficult of compendious treatment. The author shares the prevalent opinion that a great part of the alleged increase of insanity is due to the wider application of its definition. We concur in his opinion that it is impossible for judges, juries, counsel, and even medical experts to wholly divest themselves of the popular notions of insanity in cases appealing strongly to the passion or prejudice of the day, and that cases involving the responsibility for crime are decided against science and the evidence because of certain preconceived notions upon insanity which no amount of skilled opinion can controvert.

Dr. Folsom's remarks on General Paralysis are of especial interest. He recognizes the parallelism between the rapid increase of this disease during the last twenty years and the rapid aggregation of the population. He refers to its rarity among people leading simple agricultural lives, and, on the other hand, to its intimate connection with the faults and vices of civilization. In this connection the author's views are borne out by Dr. Camuset, who, in an article in the September number of the *Annales Médico-Psychologiques*, writes on the Rarity of General Paralysis in the Saint-Alban Asylum, situated in La Lozère, an agricultural department of France. Dr. Folsom is of the opinion that in the vast majority of cases in which there is no history

of syphilis there will be found an insane, epileptic or apoplectic heredity. The curious fact is noted that in Ireland this disease is almost unknown, but six cases being recorded in a recent report of 9,271 cases of insanity.

Dr. Charles K. Mills writes at considerable length on Hysteria, Ecstasy, Catalepsy and Hystero-epilepsy; Dr. H. C. Wood contributes readable and instructive articles on Syphilitic Affections of the Nerve Centres, and Acute Affections produced by Exposure to Heat; while the literature of Alcoholism, Chronic Lead Poisoning, and the Opium Habit and kindred affections is enriched by a contribution from Dr. James C. Wilson.

In concluding this brief notice of an admirable work we may say that it is one that evokes a sense of national pride, and of thankfulness to the editor and publisher for having so ably ministered to the necessities of the American profession.

NOTES AND COMMENTS.

CHARITIES AND CORRECTION.—Mr. Letchworth's Address at the Thirteenth National Conference of Charities and Correction at St. Paul, July, 1886, is a very exhaustive review of the provision made both by the State and private benevolence, for helpless and orphan children, for the blind, and deaf mutes, the idiotic, and the various forms of juvenile delinquency, in the various States and Territories of the Union. A table is given by States of population, the number of children in charitable institutions, and the number in those of a correctional character, the totals being 50,579 in the former, and 11,107 in the latter. It appears that the number of idiots in the United States is 76,895, of which only 2,429 are in training schools. The number of deaf mutes is 33,878, of whom 5,393 are in schools; of the blind, 48,928, of whom 2,242 are in educational institutions.

Mr. Letchworth justly values the privilege so freely accorded in this country, but very little encouraged or allowed in Europe, of placing out in families willing to adopt or receive them, foundlings, orphans, or other children of the helpless and dependent classes, and he would not like to favor any system, such as the boarding out plan, which might interfere with or tend to supersede this practice. The nicety of the pauper problem consists in the question how to avoid making pauperism a self-multiplying factor in our social condition—how far to carry the system of charities and not make it a premium for waste, improvidence, shiftlessness and even crime. It would seem that no restriction can be put upon immigration, or upon the habits and ways of mere brute life, reckless marriages and indef-

inite procreation of children. But no device must be left untried to find the best way to meet this avalanche of helplessness and delinquency without rendering the burden intolerable. If the State could, from the start, in her primary schools put in operation the same appliances of moral training and religious influences which she is willing to allow for corrective purposes in her reformatories, it would go far to solve the problem, by carrying the remedy for all these evils into the privacy of such disordered and unthrifty family life. Mr. Letchworth shows pretty clearly that there is a power and a resource in the character and influence of Christian women engaged in all these forms of benevolent work, which the State might in vain endeavor to create or command, and the aid of which the State must be only too glad to accept.

Mr. Letchworth fully recognizes and appreciates the true objects of State reformatories, to restore their inmates to the character of good citizenship, where neglect and inadequate training of early years have simply turned life toward the paths of wickedness and crime. The always open door of repentance, and at the same time, unyielding firmness of *discipline*, are the sovereign means of reform, and well ordered life. If there is such a thing as the "enthusiasm of humanity," there may also be something approaching a fanaticism of charity. The "dependent classes," so-called, may not be branded with the stigma of pauperism, or even, as in England, destined to menial service, (if that exemption be thought nationally necessary); but it is certainly a serious question whether their ideas should be elevated by their comfortable fare and surroundings above the vocations and wants of an average condition of life. The *tramp* element seems due partially to some such principle. No doubt Mr.

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Letchworth has pointed out the very best disposal that can be made of children in our charitable institutions, and has entered a proper *caveat* against the tendency to retain them too long in such places.

Insanity in the Colored Race.—Dr. J. M. Buchanan's paper on "*Insanity in the Colored Race*," reprinted from the *New York Medical Journal* of July 17, contains some statistics worthy of attention, illustrating the great changes that have occurred in the diseases and the hygienic conditions of the negro race since the Act of Emancipation.

In 1860 the ratio of insane among the colored population was one for every 5,799. In 1880 it had risen to one for every 1,096, which rate of progress will soon bring it up to the average proportion among the white population of the whole country, or one to every 500. The doctor insists that this result can not be traced to climatic changes or any other external causes, but to the changes in the life and habits of the negroes themselves, brought about by the revolution in their social and civil status. He states as a fact that the negro has become susceptible to many diseases and epidemics which he formerly resisted or passed through with impunity. Formerly a full-blooded negro was never known to die of consumption, but now, he says, "the mortuary reports of any southern city will show that phthisis is the greatest foe to the colored race."

There can be no doubt that their condition of absolute freedom from the personal care and direction to which they had before been subject, has largely affected the conditions of bodily health—rendered them more liable to the effects of protracted nervous excitements, as well as irregularity of habits, unsanitary conditions of living, both as to housing and food, over-crowding, filth,

intemperance, &c. There is great tendency among them to huddle together in cities and towns, and to neglect all provident care and labor for future necessities in favor of present amusements and dissipation, and even their religious exercises are usually conducted with a sort of uncontrollable *abandon*, thus constituting one of the most frequent and most powerful strains upon the nervous system. In their religious ideas, too, debased as they are by the traditional *voudouism* of their race, there is a large element of superstition, subjecting them constantly to the emotions of fear and terror. Aside then, from the ordinary effects of what we call "advance in civilization," these circumstances alone would tend to produce in the southern negroes this natural access of insanity which the statistics go to prove. The sudden, abrupt throwing off of such a vast population upon its own resources, without any gradual steps of preparation therefor, is a measure seldom or never before ventured upon in history, and will require much of the energy and resources of our present civilization to avert disastrous results.

Dr. Buchanan quotes Bucknill and Tuke for the doctrine that the maximum of insanity coincides with the maximum of civilization: but he thinks the negro mind can hardly ever reach the same degree of development as the Caucasian, "owing, as some pathologists maintain, to the fact that the sutures close much earlier in the negro than in other races." He claims that after a certain point is passed, negroes do not learn as fast as the whites, and find their development arrested; but he does not say whether this fact would increase or diminish their liability to insanity. Perhaps the former, on the same principle as the over-pressure often complained of in our systems of education.

Dr. Buchanan's observations on the types of insanity

occurring among negroes are interesting. They appear to be chiefly of an emotional character, largely fraught with hallucinations and illusions, and ideas of spells, charms, &c. However, ideas that are not in themselves insane delusions, may in effect become so, by the exaggerated or perverted importance given to them. The doctor tells of two violent patients who became maniacal and suicidal on hearing the result of the last Presidential election.

Dr. Buchanan appends a table showing the total number of insane blacks in each State, and the proportion of each cared for in asylums. The District of Columbia and Louisiana show the largest, the former 99 out of 124, the latter 305 out of 404. Virginia, Kentucky and Georgia show also a high proportion of provision, over two-thirds, and several of our northern states get as high as nearly one-half. The majority of all are still far short of adequate provision.

Hudson River State Hospital.—The managers of the Hudson River State Hospital, Poughkeepsie, N. Y., have established a Training School for the instruction of those who wish to make a specialty of nursing the insane, either in private houses or public institutions.

Graduates of General Hospital Training Schools will be admitted to the school for the period of one year. Upon passing a satisfactory examination at the close of the twelve months, they will receive Diplomas bearing the seal of the hospital and the signatures of the President of the Board of Managers, the Medical Staff, and the Principal of the Training School. They will be paid at the rate of twenty dollars per month during the first six months, and twenty-five dollars per month for the second six months. For those who remain in the

service of the hospital after the completion of this term, special rates of remuneration will be arranged.

Women, between the ages of twenty and thirty, who are not Graduates of General Hospital Training Schools, will be admitted to the school and receive a course of instruction covering a period of two years. After a satisfactory examination at the conclusion of this course they will be granted Certificates of Graduation bearing similar signatures to the Diplomas. They will receive from ten to seventeen dollars per month, rated according to proficiency and time and value of service. Special rates will be made for hospital service after graduation.

In connection with the hospital there is a Training School for Men, who are between twenty and thirty years of age. The course of instruction covers two years, at the end of which Certificates of Graduation are bestowed upon evidence of competency. The men are paid at rates ranging from sixteen to twenty-two dollars per month, according to proficiency and time and value of service. Special rates are arranged with those who remain at the hospital after graduation.

All the pupils and nurses are allowed board, lodging, washing, and medical care if required, free of charge.

Applicants for admission to the Training School must pass the simple preliminary examination required by the New York Civil Service Commission.

They must be of healthy constitution, and temperate and moral in habits. They must present letters certifying to character and qualifications, from two or more responsible sources. The Diplomas of Trained Nurses are received in lieu of letters.

For the instruction and training of women, the managers have secured the services of Miss S. I. Hawley, a graduate of the Bellevue Hospital Training School, with subsequent experience in an hospital for the

occurring among negroes are interesting. They appear to be chiefly of an emotional character, largely fraught with hallucinations and illusions, and ideas of spells, charms, &c. However, ideas that are not in themselves insane delusions, may in effect become so, by the exaggerated or perverted importance given to them. The doctor tells of two violent patients who became maniacal and suicidal on hearing the result of the last Presidential election.

Dr. Buchanan appends a table showing the total number of insane blacks in each State, and the proportion of each cared for in asylums. The District of Columbia and Louisiana show the largest, the former 99 out of 124, the latter 305 out of 404. Virginia, Kentucky and Georgia show also a high proportion of provision, over two-thirds, and several of our northern states get as high as nearly one-half. The majority of all are still far short of adequate provision.

Hudson River State Hospital.—The managers of the Hudson River State Hospital, Poughkeepsie, N. Y., have established a Training School for the instruction of those who wish to make a specialty of nursing the insane, either in private houses or public institutions.

Graduates of General Hospital Training Schools will be admitted to the school for the period of one year. Upon passing a satisfactory examination at the close of the twelve months, they will receive Diplomas bearing the seal of the hospital and the signatures of the President of the Board of Managers, the Medical Staff, and the Principal of the Training School. They will be paid at the rate of twenty dollars per month during the first six months, and twenty-five dollars per month for the second six months. For those who remain in the

service of the hospital after the completion of this term, special rates of remuneration will be arranged.

Women, between the ages of twenty and thirty, who are not Graduates of General Hospital Training Schools, will be admitted to the school and receive a course of instruction covering a period of two years. After a satisfactory examination at the conclusion of this course they will be granted Certificates of Graduation bearing similar signatures to the Diplomas. They will receive from ten to seventeen dollars per month, rated according to proficiency and time and value of service. Special rates will be made for hospital service after graduation.

In connection with the hospital there is a Training School for Men, who are between twenty and thirty years of age. The course of instruction covers two years, at the end of which Certificates of Graduation are bestowed upon evidence of competency. The men are paid at rates ranging from sixteen to twenty-two dollars per month, according to proficiency and time and value of service. Special rates are arranged with those who remain at the hospital after graduation.

All the pupils and nurses are allowed board, lodging, washing, and medical care if required, free of charge.

Applicants for admission to the Training School must pass the simple preliminary examination required by the New York Civil Service Commission.

They must be of healthy constitution, and temperate and moral in habits. They must present letters certifying to character and qualifications, from two or more responsible sources. The Diplomas of Trained Nurses are received in lieu of letters.

For the instruction and training of women, the managers have secured the services of Miss S. I. Hawley, a graduate of the Bellevue Hospital Training School, with subsequent experience in an hospital for the

insane. In her capacity of Matron of the Hospital and Principal of the Training School, she gives daily instruction at the bedside and at class recitations.

Lectures are delivered throughout the year, by the Medical Officers, upon the following subjects: Anatomy, Physiology, Insanity, Accidents, Emergencies, Poisons, Remedies, Doses, Ventilation, Clothing, Baths, Food and Feeding, Minor Surgical Dressings, Bandaging, Subjects of Interest to Nurses in General Medicine, and Massage. Practical Instruction is given in Cooking.

There is also in successful operation at the Hudson River State Hospital a school for patients. From a report recently issued by Mr. Charles J. Van DeMark, we learn that 143 patients are in attendance upon his instructions.

A New State Hospital for the Insane.—In pursuance of an Act, passed April 29, 1886, the Governor of New York has appointed a Commission to locate a hospital for the insane in northern New York. The commissioners are: Hon. Wm. P. Letchworth, *Chairman*, Buffalo; James Spencer, Esq., *Secretary*, Whitehall; Hon. C. C. B. Walker, Corning; Dr. Peter M. Wise, Willard; Dr. Joseph M. Cleaveland, Poughkeepsie.

The Commissioners present the following as essential points to be considered in the selection of a site:

1. A healthy locality. 2. A tract of good land, embracing not less than 500 to 1,000 acres. 3. Easy access by railway, with facilities for side-track connections if desired. 4. A bountiful and unlimited supply of pure, sweet water, the source, if practicable, to be sufficiently elevated to allow of distribution throughout the buildings by gravitation. 5. The site should afford facilities for surface drainage, and for the easy

and final disposal of sewerage, without danger of polluting waters that are used for drinking purposes. 6. The ground about the buildings should be free from secret springs and sub-moisture. The commissioners are now visiting the northern counties, and it is likely that the site will soon be chosen.

THE INSANE IN HAWAII.—The following is an abstract from a letter written by Dr. E. Cook Webb, of Honolulu, H. I., to Dr. A. E. Macdonald, General Superintendent of the New York City Asylum for the Insane:

There is one strange peculiarity about this climate. Let a patient come here suffering from some incipient brain trouble and he becomes worse at once. Cases that have been "only a little off" for a long time in other places become violent here in a short time. The native insane are the most manageable of any class I have ever seen, the disease almost invariably taking a mild form. I have seen but one patient since I have been here that manifested a homicidal or suicidal tendency, and that was on account of excessive use of "Ava," or, as it is known in the States, "Kava-Kava." They distil a liquor from the root, which they drink freely, and after prolonged use it produces a form of mania, rather violent at times, but unlike anything I have ever seen.

The Chinese form about two-fifths of the entire population here, (about 7,000), the remainder of the population of 18,000 being slightly mixed. The Chinese, of whom I have at present about thirty-five, are, to draw it mildly, diabolical. They are almost all homicidal or suicidal, half of them being in camisoles the better part of the time.

Now, my dear Doctor, I want to ask a little favor of you; you must have some reports of asylums in the east that you will not care to keep. I wish you would send them to me, and if you have any monographs that you can spare I would like much to have them. Also, will you please give me the titles and authors of the latest and best works on the management and treatment of the insane?*

* The editors would respectfully suggest to readers of the JOURNAL that they show their commiseration of Dr. Webb in his isolation, and their appreciation of his scientific zeal, by sending him copies of asylum reports, pamphlets, &c.

THE BLOT UPON THE BRAIN.—We are informed that Dr. Ireland's book, "The Blot upon the Brain," is to be translated into German. The French translation of this book, which is being prepared by Dr. Edgar Berillon, of Paris, is nearly finished. The "Blot" has been prohibited by the Russian Censorship. The *Haddingtonshire Advertiser* opines that this is no doubt owing to the chapter on the hereditary insanity of the Romanoffs, and the historical illustrations about the harm insane monarchs have caused to their subjects.

ASYLUM RESIGNATIONS AND APPOINTMENTS:

Connecticut.—James Olmstead, M. D., for several years First Assistant Physician, was appointed Superintendent of the Connecticut Hospital for the Insane, Middletown, Conn., April 22d, 1886, to succeed Dr. A. M. Shew, deceased.

Iowa.—Henry G. Brainerd, M. D., First Assistant Physician, and who had been connected with the Hospital for the Insane, Independence, Iowa, eight years, retired July 1st, ult. He is succeeded by Hoell Tyler, M. D., formerly of the New York City Lunatic Asylum.

New York.—T. M. Franklin, M. D., for several years Superintendent of the New York City Lunatic Asylum, Blackwell's Island, resigned his office May 1st, ult. His post-office address now is: Box 87, Plainfield, New Jersey.

—W. J. Schuyler, M. D., has been appointed Assistant Physician to the Bloomingdale Asylum, New York.

Missouri.—Dr. R. E. Smith, of St. Joseph, Mo., has been appointed Superintendent of the Missouri State Lunatic Asylum, No. 2, *vice* Dr. George C. Catlett, deceased.

—Dr. A. P. Busy, for twelve years assistant physician to the Missouri State Lunatic Asylum, No. 2, St. Joseph, has resigned, to engage in private practice in that city.

Position Wanted.—A Scotch graduate in medicine of the University of Edinburgh, unmarried, who has had considerable experience in a large asylum in England, as well as in a general hospital, and who last year was prizeman of the British Medico-Psychological Association, is desirous of obtaining a position as Assistant Physician in an American hospital for the insane.

For further information address, T. D. G., Garlands, Carlisle, England.

Note of Thanks.—Dr. G. A. Blumer desires to return his sincere thanks to the many asylum physicians who have so kindly replied to his circular letter *in re* the relationship of puerperal eclampsia to insanity.

BRITISH CORRESPONDENCE.

CRICHTON ROYAL INSTITUTION, DUMFRIES.—This venerable institution has been having a melancholy time lately. Its character, or rather the character of the sister institution, the *Southern Counties Asylum*, has been seriously assailed by an enterprising medical assistant, Dr. Lennox, who aspires to the position of a lunacy reformer. He finds grave causes of complaint against Dr. Rutherford and his management, regards the discipline as lax and indefinite, and the dietary as bad in quality, insufficient in quantity, and badly served. The matter has been brought under the notice of the Crichton Board of Directors, the General Board of Lunacy, and the Secretary of State for Scotland. The result is a foregone conclusion. Dr. Lennox will go to the wall, and Dr. Rutherford—if he needs it—will be vindicated.

BRITISH MEDICAL ASSOCIATION AT BRIGHTON.—The annual meeting of the present year was a gratifying success. The visitors were fêted to their heart's content: they exhausted the sights and hospitality of the queen of English watering places, and they did some little work to keep up appearances.

The *Psychological Section*, or as it is profanely called by "those who are not of us," *the lunatic section*, was exceptionally busy; the programme was big with topics, and the interest waned not till the finish. The President's (Dr. Amston's) address on the relations of bodily and psychical pain was a carefully considered discourse, but its value was not sufficiently understood because of an absurd custom which "passes" the address from the

chair without criticism. Dr. Campbell Clark gave the results of laborious research in the field of dietetics; but his paper was not complete, owing to the engrossing nature of his investigations and the rapid lapse of time. The meeting could, therefore, only make a limited criticism, and the author promised to sum up his conclusions and publish *in extenso* as early as possible. The discussion, *par excellence*, was on "How Best to Maintain the Medical Spirit in Asylums." This brought out the full strength of the meeting, and many suggestions were forthcoming. Of these the following readily recur to us: (1.) increase of medical staff; (2.) married assistants; (3.) broad culture of assistants, and absence of jealousy on the part of medical superintendents; (4.) the training of attendants; (5.) hospital ideas of structure. Dr. Palmer, of Lincoln, directed attention to pathological changes in the brains of general paralytics, and exhibited some rare and valuable sections, the work of several years' careful collection and preparation. Other papers and discussions, too numerous to mention, filled the programme, some of them most excellent and reliable.

OBITUARY.

DR. LEGRAND DU SAULLE.

We mentioned in our last issue the fact of Dr. Legrand du Saulle's decease. It remains for us to detail the salient points of the distinguished *savant's* career.

Dr. Legrand du Saulle was born at Dijon in 1836, and was scarcely fifty-six years of age at the time of his death. Of him it may truly be said that he died in harness, "Like the soldier," says *l'Encéphale*, "who has gained promotion step by step on the field of battle, and who dies fighting, it was by constant contact with the sick and the insane that he rendered himself worthy of universal esteem; it was, too, in the midst of these, erect and with a high head, that he met death as if life availed naught to him who knows not how to sacrifice it to duty and honor." Dr. Legrand du Saulle served successively as *interne* to Duménil in Paris, Morel at Rouen, and Calmeil at Charenton. Obtaining himself a service at Bicêtre, he divided his attention between the epileptics and the insane of this hospital, and the unfortunates who were brought daily to the *Préfecture de police*. It was not enough to this indefatigable worker to be a physician. He had graduated in law as well, and thus it was that he became an authority as a medical jurist. After assisting Lasègue at the *Préfecture de police*, he was finally placed at the head of its special infirmary. With this appointment he reached the zenith of his fame. He was frequently called before the courts as an expert, when the diversity of his information, his great knowledge of men and things, the certainty of his judgment, and the unswerving rectitude of his

character made him the indisputed arbiter of all the nice questions of legal medicine. He contributed to the *Gazette des hopitaux* a series of valuable articles. All his writings bear the stamp of individuality. From the year 1864 till the eve of his death his busy pen produced the following: *la Folie devant les tribunaux, le Délire des persécutions, la Folie héréditaire, la Folie du doute avec délire du toucher, l'Etude médico-légale sur les Epileptiques, l'Etude clinique sur la peur des espaces (agoraphobie), les Signes physiques des folies raisonnantes, les Etudes médico-légales sur les testaments et l'interdiction des Aliénés, les Hystériques, Traité de médecine légale et de jurisprudence médicale.*

DR. GEORGE C. CATLETT.

Dr. George C. Catlett, Superintendent of the Missouri State Lunatic Asylum, No. 2, St. Joseph, Mo., died May 19th, of acute cystitis, after an illness of only ten days. Dr. Catlett was born in Christian County, Ky., June 20, 1828, and was therefore 58 years of age at the time of his death. He was educated in the Kentucky Academy, and studied medicine in the University of Pennsylvania, where he graduated in 1851. He immediately began the practice of his profession in St. Joseph, paying especial attention to surgery. From 1858 to 1861 Dr. Catlett was one of the editors of the St. Joseph *Medical and Surgical Journal*, but at the breaking out of the war it was suspended, and Dr. Catlett then entered the Confederate service as surgeon. He was in many of the most trying campaigns of that desperate struggle, and left an honorable record.

When the State Lunatic Asylum, No. 2, was completed, in 1874, Dr. Catlett was made superintendent, which position he held at the time of his death. Under

his able management the asylum became equal to any in the State. When the St. Joseph Medical College was chartered, in 1877, Dr. Catlett was made professor of Physiology and of Nervous and Mental Diseases. Dr. Catlett was widely and favorably known, and his death is a serious loss, not only to the medical profession, but to the State as well.

DR. JAMES ALEXANDER EAMES.

In Dr. Eames' death the Cork District Lunatic Asylum loses an able Medical Superintendent. He was lecturer in Psychological Medicine in Queen's College, Cork. As a surgeon, too, the deceased superintendent had acquired some distinction. He served in the Crimean war, and contributed several interesting articles to the literature of surgery.

DR. JOSEPH LALOR.

Dr. Joseph Lalor, for many years Medical Superintendent of the Richmond District Lunatic Asylum, Dublin, died in August last. He was in his 76th year, and had resigned the superintendency of the asylum only a few weeks prior to his death. He was well known on account of his advocacy of the education of the insane, and the Richmond District Asylum, where his theories are in practice, is one of the most interesting in Great Britain.

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